

2021-2022 Application for Special Circumstance Consideration – Dependent Students

Student's Name (Last) _____ (First) _____ M _____ BearPass # _____ Student's Date of Birth _____

The deadline for submitting this form is April 1, 2022. If your EFC is already 0, do not submit this form.

COMPLETE SECTIONS A & C. COMPLETE SECTION B IF REQUESTED IN SECTION A.

This form does not guarantee an increase or change in financial aid or grant an extension to payment due dates. You are responsible for your University account balance. Incomplete applications or long delays in requests for clarification will be denied. Before completing this form, please visit our [Special Circumstance Guidelines](#) page.

A. Circumstances (Check all that apply)

Documentation Required

☐ 1. Expenses paid in 2020 for private or parochial school(s) for household members reported on FAFSA, and not reimbursed by scholarships, grants, employers, etc.	1. Private Tuition Payment Verification Form 1. Parent(s) signed 2020 federal tax return (Form 1040 and Schedules 1-3, if used) 2. Parent(s) 2020 W-2s
☐ 2. Medical or dental expenses paid in 2020 that were not reimbursed by insurance/third party.	2. Signed 2020 federal tax return (Form 1040 and Schedules 1-3, if used) 3. All 2020 W-2s 4. Copies of receipts paid in 2020 and a summary of amounts <i>paid</i> by you or your parent(s) in 2020 (not paid by insurance or an outstanding balance).
☐ 3. Child support payments reported on FAFSA have ended or been reduced in 2021	1. Court or Child Service Agency documentation stating benefit ending date and amount received in 2021 for each child
☐ 4. Unemployment benefits – A. Benefits have terminated; or B. Received benefits within the last 90 days and are still unemployed.	A. If your benefits have been terminated and were reported on your 2019 or 2020 federal tax return a1. Copy of that signed 2019 or/and 2020 federal tax return, and a2. Notice from agency reflecting the date benefits ended with the total amount received, and a3. Summary explaining your situation B. If you received benefits within the last 90 days b1. Copy of weekly benefits summary from agency indicating dollar amount and date funds were received within the last 90 days. b2. Signed/dated statement indicating you are still unemployed.
☐ 5. Parent on FAFSA divorced/separated Parent remaining on FAFSA Name & DOB: _____	1. Court document or notarized statement indicating the date the marriage was severed 2. Parents' signed 2019 federal and state tax return 3. Both parents' 2019 W-2s 4. Dependent Verification Worksheet 5. Asset Information Worksheet
☐ 6. Parent on FAFSA deceased Will you receive survivor benefits? ☐ No ☐ Yes <i>(if yes, provide a copy of the benefits statement)</i>	1. Copy of death certificate 2. Signed copy of parent's 2019 federal and state tax returns 3. Both parents' 2019 W-2s 4. Survivor benefits statement (if applicable)
☐ 7. Loss or Change in employment continuous for 8+ weeks • Wage earner's name: _____ • Date employment ceased: _____ Will wage earner return to work in 2021? ☐ Yes ☐ No	1. Letter from employer concerning loss/change in job status 2. Signed 2020 federal tax return, Schedules 1-3 (if used), and W-2s 3. Complete Section B below 4. If this form is completed after Nov. 1 st your signed 2021 federal tax return, schedules, and W-2s will be required.
☐ 8. Your/your parent(s) 2020 Adjusted Gross Income (AGI) is significantly less than their 2019 AGI	1. Signed 2020 federal tax return, Schedules 1-3 (if used), and W-2s 2. Signed explanation of why AGI is lower in 2020

☐ 9. Other - Any circumstance not listed above that will cause 2021 taxed or untaxed income to be significantly less than the 2019 income reported on the FAFSA.	1. Complete Section B 2. A written summary fully explaining circumstance, including why funds are not available for educational expenses. 3. Supporting documents (paystubs, signed tax forms, third-party letters, etc.) 4. If this application is submitted after Nov. 1 st , your <i>signed</i> 2021 federal tax return, schedules, and W-2s will be required.
☐ 10. Parent attended college during 2020. Must be degree-seeking and at least half-time status. Credit hours taken Spring 2020: _____ Summer 2020: _____ Fall 2020: _____	1. Billing statement from college reflecting total <i>out-of-pocket tuition</i> expenses paid (expenses not reimbursed by grants, scholarships, employers, etc.) and aid received each 2020 semester attended. 2. Documentation of total credit hours taken each 2020 semester. 3. Parent(s) signed 2020 federal tax return & schedules 1-3 (if used) 4. Parent(s) 2020 W-2s

B. 2021 Gross Earned Income, Untaxed Income, and Other Benefits

Submit the documentation used (e.g., your most recent year-to-date pay stub, etc.) to estimate your 2021 *gross* income, along with a written summary of how you determined and calculated (e.g., rate of pay x hours you work in a pay period until December 31, 2021) your 2021 calendar year (Jan. 1st to Dec. 31st) estimated gross income below.

Calendar Year Income Type	Parent 1	Parent 2	Student
Estimated or actual gross wages earned in 2021	\$ _____	\$ _____	\$ _____
2021 Unemployment benefits	\$ _____	\$ _____	\$ _____
2021 Disability benefits. Are these taxable? ☐ YES ☐ NO	\$ _____	\$ _____	\$ _____
2021 Child support received/expected: \$ _____ X # _____ months	\$ _____	\$ _____	\$ _____
Other untaxed 2021 income. Source: _____	\$ _____	\$ _____	\$ _____
Other taxable 2021 income (expected interest, dividends, alimony, capital gains, etc.). Source: _____	\$ _____	\$ _____	\$ _____
Total 2021 taxed and untaxed income	\$ _____	\$ _____	\$ _____

C. Certification & Signatures

By signing below, I acknowledge that I have attached all supporting documentation and that all information submitted is accurate and true to the best of my knowledge. Information provided may be discussed with the student and/or parent as necessary. I have read the [Special Circumstance Guidelines](#) and understand that submitting this form does not guarantee that my request will be granted.

Student's Ink-Signature: _____ Date: _____

Parent's Ink-Signature: _____ Parent's Name (printed): _____ Date: _____

Parent's Email: _____ Parent's Phone Number: _____

D. For Office Use Only

1st Reviewer: _____ **Decision:** _____ Approved _____ Denied _____ Delayed _____

2nd Reviewer: _____ **Decision & Date:** _____

3rd Reviewer: _____ **Decision & Date:** _____

2019 AGI: _____
 2019 Tax Paid: _____
 2019 Untaxed: _____
 2019 P1 Wages: _____
 2019 P2 Wages: _____
 2019 ST Wages: _____
Original EFC: _____

Special Circ. AGI: _____
 Special Circ. Tax Paid: _____
 Special Circ. Untaxed: _____
 Special Circ. P1 Wages: _____
 Special Circ. P2 Wages: _____
 Special Circ. ST Wages: _____
Special Circ. EFC: _____