

2021-2022 Application for Special Circumstance Consideration – Independent Student

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 members of household reported on FAFSA, and not reimbursed by scholarships, grants, employers, etc.	1. Private Tuition Payment Verification Form 2. Signed 2020 federal tax return (Form 1040 and Schedules 1-3, if used) 3. All 2020 W-2s
☐ 2. Medical or dental expenses paid in 2020 that were not reimbursed by insurance/third party.	1. Signed 2020 federal tax return (Form 1040 and Schedules 1-3, if used) 2. All 2020 W-2s 3. Copies of receipts paid in 2020 and a summary of amounts <i>paid</i> by you or your spouse in 2020 (not paid by insurance or an outstanding balance).
☐ 3. Child support payments reported on the 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 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. Divorced or Separated	1. Court documents or notarized statement indicating the date the marriage was severed 2. Signed copy of student & ex-spouse's 2019 federal and state tax returns 3. Student & ex-spouse's 2019 W-2s 4. Independent Verification Worksheet 5. Asset Information Worksheet
☐ 6. Spouse on FAFSA is 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 student & spouse's 2019 federal and state tax returns 3. Student & spouse's 2019 W-2s
☐ 7. Loss or Change in employment continuous for 8+ weeks • Wage earner's name: _____ • Date employment ceased: _____ Will unemployed return to work in 2021? Yes ☐ No ☐	1. Letter from employer concerning loss/change in job status 2. Signed copy of 2020 federal tax return, Schedules 1-3 (if used), and W-2s 3. Complete Section B 4. If this form is completed after Nov. 1 st , signed 2021 federal tax return, schedules, and W-2s will be required.
☐ 8. Your 2020 Adjusted Gross Income (AGI) is significantly less than your 2019 AGI	1. Signed copy of 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.)
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B. 2021 Gross Earned Income & Untaxed Income/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) your 2021 calendar year (Jan. 1st to Dec. 31st) estimated gross income below.

Calendar Year Income Type	Student	Spouse	Total
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 Statement & 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, parents, or spouse as necessary. I have read the [Special Circumstance Guidelines](#) and understand that submitting this form does not guarantee my request will be granted.

Student's Physical Ink-Signature

Date

Spouse's Physical Ink-Signature

Date

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 ST Wages: _____
 2019 SP Wages: _____
Original EFC: _____

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