SPECIAL CONSIDERATION REQUEST – INDEPENDENT STUDENT 2014-2015

This form is used to request special consideration based on significant changes to your financial circumstances as reported on the 2014-2015 FAFSA. Please read the listed categories and check the one most applicable to you. You must explain your circumstances in detail on this form and attach documentation confirming the situation. If the explanation and required documentation are not provided, the request will be denied.

STUDENT NAME: ____________________________________  Student ID: ________________
SPOUSE NAME:  _______________________________________ Student Date of Birth: __________
ADDRESS:  _________________________________________________________________________
EMAIL:  _______________________________________  Phone: _______________________________

BASIS FOR APPEAL:  (Check all that apply and explain circumstances on reverse side)

_____A  You or your spouse has lost his/her job.
  Name of the person out of work ________________________________.
  Last date of employment _____/_____/_______
  Attach documentation (i.e. a letter from the former employer) explaining why you are no longer employed full-time and a copy of your and your spouse’s most recent pay stub(s). Indicate on the pay stub(s) how often you and your spouse are paid (i.e. weekly, bi-weekly, monthly).

_____B. You or your spouse can no longer work due to a disability.
  Name of the person with the disability ________________________________.
  Last date of employment _____/_____/_______
  Attach copy of last pay stub and documented proof of disability.

_____C  You or your spouse received unemployment compensation or other untaxed income, but that income has since been terminated. Date income was terminated: _____/_____/_______
  Provide third party documentation that includes date when benefit was terminated.

_____D  After applying for financial aid you and your spouse were separated or divorced.
  Date of separation or divorce: _____/_____/_______
  Attach a copy of the divorce decree if divorced or documentation of separate households (i.e., copies of separate leases) if separated.

_____E  You have applied for financial aid for 2014-15, and since that time your spouse has died.
  Date of death _____/_____/_______
  Attach a copy of the death certificate.

_____F  High medical expenses (exceeds 7.5% of 2013 total income). These payments have not been, and will not be, reimbursed by insurance.
  Amount of payments $ ____________________________
  Attach Schedule A of 2013 Federal Income Tax Return, Form 1040, and photocopies of payments made, or payment agreement entered into with the health provider.

_____G  Other, please specify: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

SEE REVERSE SIDE
**Required Documentation:** The documentation you attach should support your income estimates and should include, but are not limited to documents such as pay stubs, verification of unemployment compensation, worker's compensation, social security benefits, etc. If your appeal is due to a medical reason, please attach a doctor’s statement. You may be asked to provide copies of pertinent medical bills. For loss of employment, attach a letter from the previous employer (on company letterhead) confirming the loss of employment and the date employment ended.

**ESTIMATE ANNUAL INCOME FOR THE 2014 CALENDAR YEAR:**

List all income or benefits you expect to receive between January 1, 2014 and December 31, 2014. If a type of assistance does not apply to you, put $0 on the line. **DO NOT LEAVE ANY BLANKS.** Report TOTAL amount expected for 2014. **DO NOT report monthly amounts.**

1. Expected earnings in 2014:
   a. Yourself: $____________________________
   b. Spouse: $____________________________

2. Unemployment compensation: $____________________________
3. Untaxed pensions/annuities: $____________________________
4. Child support received for all children: $____________________________
5. Untaxed retirement or disability benefits: $____________________________
6. Worker’s compensation: $____________________________
7. Veterans benefits (non-educational): $____________________________
8. Housing, other allowances (i.e. clergy, military) $____________________________
9. Other (i.e. interest income): $____________________________

**Total 2014 Family Income:** $____________________________

Child Support Paid: $____________________________

**EXPLANATION OF CIRCUMSTANCES:** (Attach additional paper as necessary):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

**DOCUMENTATION AND CERTIFICATION**

Attach a **signed** photocopy of your and your spouse’s 2013 **federal** tax transcript, include all W-2’s and schedules.

To the best of my knowledge, all of the information on this form is true and complete. If asked by the Financial Aid Office, I agree to provide additional proof of the information given on this form. If this form is incomplete or lacks the required documentation, no action will be taken.

<table>
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<tr>
<th>Student Signature</th>
<th>Spouse Signature</th>
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**Date**

Return your completed form to the financial aid office at the campus you attend.