

Athens State ID: _____ Student's First Name: _____ Last: _____



Financial Aid Special Circumstances Form 2018-2019 Academic Year

This form can be used to report changes that could affect the 2018-2019 Free Application for Federal Student Aid (FAFSA). Follow the steps below and return this form with the appropriate documentation to the Office of Financial Aid. Once the information is reviewed, you will be notified of the decision. All decisions are final. All documentation is required to be submitted together. Information will not be accepted after initial submission.

Required Documents:

1. A detailed letter documenting the facts of your circumstance(s)
2. A signed copy of your (and your spouse's if applicable or parent's if dependent) 2017 tax return(s)
3. Any documents listed in Section B that are applicable

Section A – Student Information

Address: _____

City: _____ State: _____ Zip Code: _____

Athens State Email: _____

Contact Number: _____

Complete if Dependent Student

Parent(s) whose information was provided on your FAFSA:

Mother's (Stepmother's) Name: _____

Father's (Stepfather's) Name: _____

Parent(s) contact number: _____

List the people in your household, including yourself. List the name of the college for any member who will attend college at least half-time between 07/01/2018 and 06/30/2019.

Full Name	Age	Relationship	College
		Self	Athens State University

Section B – Student Information

From the list provided, mark the reason for the requested review of your family's financial situation and provide the listed documentation

Loss of a Job, or Parental Loss of Job

- Provide Separation/Termination Notice or documentation from employer showing effective date of termination
- Provide Documentation of severance package (if one exists)
- Provide Statement of Unemployment Benefits and effective dates

Loss of Untaxed Income

Loss of Social Security Benefits

- Provide notification of termination of benefits

Loss of Child Support

- Provide court documentation stating the date of termination of benefits and prior amount(s)

Loss of Worker's Compensation

- Provide appropriate official documentation stating date of termination of benefits and prior amount(s)

Loss of Taxable Income

Loss of Alimony

- Provide court documentation stating the date of termination of benefits

Loss of Unemployment Benefits

- Provide appropriate letter from the unemployment office stating date of termination of benefits

Other: please specify and provide appropriate documentation

Excessive Medial Expenses [*payments made out of pocket beyond what you insurance covers. Do not include insurance premium costs*]

- Provide all bills showing the expenses
- Provide proof of personal payment of the expenses in question (check stubs, receipts, etc.)

Lump Sum (one-time) income [*this could include, but is not limited to inheritance, moving expense allowance, lump sum retirement payments, etc.*]

- Provide Appropriate documentation identifying the income in question and how the funds were spent or invested

Other Circumstances

- Please list

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Section C – Income and Asset Information Assessment

Indicate if you, your parent(s) (if dependent), or spouse filed a 2016 Federal Tax Return: "N/A" if not applicable

Student: _____ Parent(s): _____ Spouse: _____

Please complete the table below to help us assess your actual income for 2018. Report all income you expect to receive through December 31, 2018 in the appropriate boxes. You must include documentation supporting all income. This documentation could include but is not limited to:

- Recent pay stubs showing year-to-date earnings (since January 1, 2018)
- A letter from your employer stating total 2017 projected and or actual earnings
- W-2 Forms

If you are submitting the request for consideration after December 31, 2018, you must submit a copy of your completed 2018 federal income tax return.

Income Resources	ACTUAL 2016 Gross Income	ESTIMATED 2018 Gross Income
Income earned from work for father/stepfather (if dependent)		
Income earned from work for mother/stepmother (if dependent)		
Income earned from work by student		
Income earned from work by spouse of student (if applicable)		
Other taxable income (interest, pensions, unemployment, etc.)		
Other untaxable income (workers compensation, housing allowance, etc.)		
Total:		

Please list your current asset information (if any of the following are applicable):

Net Worth means market value of the asset minus the debt on the asset

- Current amount of cash, savings, and checking: \$ _____
- Current net worth of real estate/investments (other than home): \$ _____
- Current net worth of farm or business: \$ _____

Complete if Dependent Student

Please list your Parent's current asset information (if any of the following are applicable):

Net Worth means market value of the asset minus the debt on the asset

- Current amount of cash, savings, and checking: \$ _____
- Current net worth of real estate/investments (other than home): \$ _____
- Current net worth of farm or business: \$ _____

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Section D – Certification and Signature

My signature on this document confirms my acknowledgement of the following:

- I agree to provide proof of the information if and/or when requested.
- The information submitted for review is true and correct to the best of my knowledge.
- Providing false information may result in reduced eligibility, repayment of aid, or both.
- Underestimating the projected income could result in reduced eligibility, repayment of aid, or both in this year or next.
- I have read each section, provided the required documentation, and realize that more information may be required.
- During peak seasons, processing times may be delayed.
- The signatures provided are true and not typed

Student Signature _____ Date _____

Spouse of Student Signature _____ Date _____

Parent Signature _____ Date _____

Office of Financial Aid
Athens State University
300 North Beaty Street
Athens, AL 35611
Phone: 256-233-8122; 1-800-522-0272
Fax: 256-233-8178
Email: finaid@athens.edu

FOR OFFICE USE ONLY

_____ Student Not Eligible

_____ Special Circumstances
Adjustment Request Denied

_____ Special Circumstances
Adjustment Request Approved

Comments _____

FA Administrator _____

Date _____