
2019-2020 Special Circumstances – Independent Student

This form must be submitted by March 1, 2020 for the 2019-2020 academic year.

Occasionally, unusual circumstances exist that may warrant reconsideration of financial aid eligibility. These special circumstances may be either changes that have occurred in your family circumstances since you filed the Free Application for Federal Student Aid (FAFSA) or unusual family circumstances not accounted for on the FAFSA. On the following pages we have listed the circumstances that most commonly qualify a student to file a Special Circumstances request. Select as many circumstances that fit your current situation.

To Qualify for a Special Circumstances Review, You Must:

- Write a letter explaining your particular situation
- Complete all pages of this form
- Provide all requested documentation
- Choose one or more of the situations outlined on the following pages

If your circumstance(s) does NOT fit into one of the options, you may still file the Special Circumstances Form. Please attach a letter explaining your situation as well as any supporting documentation.

Please note: Filing this appeal does not guarantee additional financial aid. Some appeals may only result in the student receiving the maximum in subsidized loan eligibility and/or Pell grant eligibility. Please allow 3-4 weeks for processing.

Student Name: _____ Student ID Number: G _____

Phone Number: _____ E-mail: _____

By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. All attachments and supporting documents are true to the best of our knowledge. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.

Student Signature: _____ Date: _____

Please return your completed form to the Office of Financial Aid & Scholarships by fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.

Loss of Income

Reduction or loss of income from work must be for at least ten (10) weeks or sufficient documentation of change and new employment.

Student

Date of layoff/termination: _____

Spouse

Date of layoff/termination: _____

• Has the student started another job? No Yes If yes, give start date: _____

• Has the spouse started another job? No Yes If yes, give start date: _____

Documentation Required:

- A letter from employer verifying loss of employment including effective date
- A copy of the last pay statement showing gross year-to-date income for **all** jobs worked for **both** student and/or spouse
**If more than one employer per student and/or spouse, please include start/end dates in written statement.*
- Documentation of unemployment benefits from state agency
- Documentation of severance pay received, or IRA's, stocks, bonds, pensions, etc. converted to cash.

Loss of Child Support

Name of Child: _____ Amount received in 2019: _____ Date support ended: _____

Name of Child: _____ Amount received in 2019: _____ Date support ended: _____

Documentation Required:

- A copy of legal separation/divorce papers that specifies amount of child support
- Statement from the Friend of the Court documenting amount of child support

Receipt of One-Time Income

Consideration for and one-time income may only be reviewed once during a student's enrollment at Grand Valley State University.

Documentation Required:

- A signed copy of your 2017 U.S. Federal Tax Return and/or 1099 Form
- Written statement explaining reason for early withdrawal

Separation or Divorce since 2017

Please note that you must be residing in separate households and provide documentation.

Date of separation/divorce: _____

Documentation Required:

- A copy of student's most recent pay statement; and
- A copy of legal separation/divorce papers; and
- Documentation of spousal support and/or child support.

Death of a Spouse since 2017

Date of death: _____

Documentation Required:

- A copy of the death certificate or obituary; and
- Describe survivor benefits that are to be received including amounts and payment terms; and
- Student's 2019 income information.

Medical or Dental Expenses paid by you in 2017, 2018, and/or 2019

Please select the year you wish to claim: 2017 2018 2019

Documentation Required:

- Submit a copy of Schedule A—Itemized Deductions from your federal tax return; or
- Submit copies of supporting documentation as proof of out of pocket payments.

Additional Information:

- Do **not** include payments covered by insurance or other resources.
- **Please note:** we cannot take into consideration payments made by insurance, unpaid invoices, handwritten confirmations of payments, or explanation of benefits or account statements.

Elementary/Secondary Private School Tuition paid by your family in 2019

Documentation Required:

- Submit copy of your bill or a letter from the school documenting cost and any gift assistance received. The bill must be for the 2019/2020 academic year.

Other Circumstances not addressed in the above categories

Documentation Required:

- Submit a statement that explains changes in your financial and/or family situation. If appropriate, please provide supporting documentation.

Household Size Statement

Please list the names and ages of all the members of your household* during the 2019-2020 academic year. Also, please indicate which family members will be enrolled in college at least half-time during 2019-2020 and which institution they are planning to attend.

***The term “Household” is defined as follows:**

The household includes yourself (and if married, your spouse), your children (even if they do not live with you) who will receive more than half of their support from you, and the other people (not your children or your spouse) who live with you and receive more than half of their support from you, and will continue to receive more than half of their support from you between July 1, 2019 and June 30, 2020. You may include unborn children if they will be born during the school year.

Name	Age	Relationship	Name of College
		Self	GVSU

Expected Total Income and Benefits

Use this form to document special circumstance for your household incomes received to date and to provide your best faith estimate of **all** sources of income for 2019. Please enter **zero** to indicate you do not have any types of taxable or untaxed income to report.

All sources of income for 2019	Year To Date 1/1/19 – Today	Estimated Today – 12/31/19
Student Total Wages, Salaries, Tips	\$ _____	\$ _____
Spouse Total Wages, Salaries, Tips	\$ _____	\$ _____
Other Taxable Income: _____	\$ _____	\$ _____
Other Taxable Income: _____	\$ _____	\$ _____
Other Untaxed Income: _____	\$ _____	\$ _____
Other Untaxed Income: _____	\$ _____	\$ _____
REQUIRED	Student & Spouse (if applicable)	
As of today, what is your total current balance of cash, savings, and checking accounts?	\$ _____	\$ _____
As of today, what is the net worth of your investments, including real estate? Don't include the home in which your parents live. Net worth means current value minus debt. Visit www.fafsa.ed.gov/help.htm for a list of investments must be reported.	\$ _____	\$ _____
As of today, what is the net worth of your current businesses and/or investment farms? Don't include a family farm or family business with 100 or fewer full-time or full-time equivalent employees. Visit www.fafsa.ed.gov/help.htm for additional information.	\$ _____	\$ _____

Examples of **taxable** income: Unemployment compensation, taxable portion of Social Security benefits, severance pay, interest income, dividends, capital gains, alimony, pensions, annuities, IRA's, rents, royalties, partnerships, estates, trusts, life insurance payment, early withdrawal from 401k

Examples of **untaxed** income: Child support received for all children, worker's compensation, veteran's death benefits, disability, living allowances (housing, food, pensions, annuities, etc.) for military/clergy/other