Fairmont State University
2014-2015 Dependent Student Special Circumstance Request Form

STUDENT NAME: ______________________________ SSN: ________________
ADDRESS: __________________________________________________________
BIRTH DATE: ___________________ DATE SUBMITTED: _________________

This request is used to adjust the income reported on the 2014-2015 Free Application for Federal Student Aid (FAFSA) due to a change in circumstances during the calendar or academic year. If you are selected for verification, you must also submit verification documents.

LOSS OF EMPLOYMENT – Parent was working during 2013 but is now working fewer hours or is unemployed. The following documentation is required from the unemployed household member:
- Last pay stub(s) from previous employer during 2013
- Current pay stub if working fewer hours
- Letter from previous employer stating date of termination or resignation
- Benefit or denial letter from Unemployment Office

LOSS OF BENEFITS – Parent has lost some or all benefits (e.g. child support, food stamps, TANF, etc.) The following documentation is required:
- Last check stub(s) or printout of benefit(s) received during 2013
- Letter from agency verifying date of benefit(s) lost

DEDUCTION OF ONE-TIME PAYMENT – Parent received a ONE-TIME PAYMENT (pension, IRA, annuities, gambling winnings, settlement, etc.) The following documentation is required:
- Statement/evidence of one-time payment, such as a pension statement, bank statement, etc. or
- Copy of tax return or other document evidencing payment (Gambling Winnings, e.g.)

SEPARATION OR DIVORCE – Parent was married when the FAFSA was filed but has now separated or divorced. The following documentation is required:
- Court documentation verifying legal separation or divorce if provided by your state
- If no legal separation can be provided, submit the following:
  - Notarized statement by student indicating date of separation.

DEATH OF A SPOUSE – Parent passed away after the FAFSA was filed. The following documentation is required:
- Copy of Death Certificate or Obituary Notice

UNUSUAL EXPENSES – Examples: Parent/Student has unusual medical expenses NOT covered by insurance; pays private school tuition; Parent has additional expenses related to their education; etc. The following documentation is required:
- Itemized receipt, copy of bill(s); statements documenting patient liability; etc.

VERIFICATION DOCUMENTS – If you have been selected for verification, you must also submit the following if not already on file at Fairmont State:
- Completed and signed (student and parent) 2014-2015 Dependent Verification Worksheet
- Copy of 2013 IRS Tax Return Transcript (or IRS Data Retrieval) for Student and Parent as applicable
REASON FOR REQUEST:

State the reason you are requesting this special consideration and attach supporting documentation. Give family relationships and dates when possible.

TOTAL 2014 (12 MONTH) INCOME EXPECTED from January 1, 2014 to December 21, 2014. (MUST COMPLETE!)

Father’s wages ______________________ (Yearly Amount)
Mother’s wages ______________________ (Yearly Amount)

Other expected income for 2014 (January 1 – December 31):

Please circle whose adjustment:

- Unemployment Compensation (Father/Mother) $ __________
- Worker’s Compensation/Disability, etc. (Father/Mother) $ __________
- Child Support Received (All Dependents) $ __________
- Child Support Paid (All Dependents) $ __________
- Pensions, Dividends, etc. (Father/Mother) $ __________
- Other taxed/untaxed such as 401K deferrals, interest, dividends, Workers Compensation, Disability (not SSD), money from friends, relatives, etc. $ __________

STUDENT CERTIFICATION:

I certify that the information provided on this form is true and correct.

I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and is punishable by law with a $20,000 fine and/or imprisonment or both.

I understand that by signing this form, I authorize the Financial Aid and Scholarship Office of Fairmont State to contact my third-party reference and verify any of the information supplied on this form.

Student Signature: _____________________________ Date: ____________________________

Parent Signature: _____________________________ Date: ____________________________

FOR OFFICE USE ONLY

Approved/Denied: ____________________________ New EFC: ____________________________ Date Corrected: ____________________________

Comments: ____________________________________________________________

FAA Signature: ____________________________ Date: ____________________________