



The following Special Circumstance Form can be used to request a review of financial aid when there has been a reduction in family income or when there are present extenuating financial circumstances. Please note that you cannot submit the Special Circumstance Form unless you have a complete and valid 2007-2008 Free Application for Federal Student Aid (FAFSA) on file.

To help us determine if any adjustment can be made to your financial aid award, please submit the following:

- 1) **Special Circumstance Form**

- 2) **Verification Materials**, which includes signed copies of student and spouse 2006 U.S. Income Tax forms, corresponding W2s and the independent verification worksheet

- 3) The **Required Documentation**, as outlined below, for your special circumstance that you report in Section I
 - A. ***Involuntary Loss of Employment*** – Copy of termination notice *or* a statement from employer indicating last date of employment

 - B. ***Loss of Untaxed Income/Benefits*** – Proof of your loss of untaxed income from appropriate agency

 - C. ***Separation/Divorce*** – Signed copy of divorce/separation document

 - D. ***Death*** – Copy of death certificate

 - E. ***Excessive medical expenses in 2006*** – A detailed cover letter *and* either a) a copy of the federal tax return Schedule A *or* b) copies of the receipts showing the amounts you and/or your spouse paid in 2006 (please note that if you are filing due to medical expenses incurred with insurance, the receipts/documents need to clearly illustrate the amount paid by insurance and the amount paid out of pocket)

- 4) **The most recent Pay Stubs** or letters from employers to document all amounts you report in Section II, 2007 Income (not required if you claim only *Excessive medical expenses* as your special circumstance)

Please return the Special Circumstance Form, Verification Materials, Required Documentation, and Pay Stubs to the University of Saint Francis, Office of Financial Aid, 2701 Spring Street, Fort Wayne, IN 46808 or fax to 260-434-7526. If you are uncertain as to whether your situation can be considered for review or have questions about the review process, please contact the Office of Financial Aid at 260-434-3283 or 800-729-4732.

**University of Saint Francis
2007-08 Special Circumstance Form**

Independent Student

Student Name: _____ SS#: _____

SECTION I – Your Special Circumstance

Please check all that apply:

_____ **A. Loss of Employment –**
You or your spouse, who earned money in 2006, have lost employment for at least 10 weeks in 2007 because of termination, layoff, disability, retirement, company closing or plant shutdown.

Name of unemployed person: _____

Date unemployment began: _____/_____/_____

If applicable, date returned to work: _____/_____/_____

_____ **B. Loss of Untaxed Income/Benefits –**
You or your spouse who received untaxed income in 2006 has completely lost that income for at least 10 weeks in 2007. The untaxed income must be from a public or private agency, or a company or a person ordered by the court to provide that income. Untaxed income and benefits include things like Social Security benefits, court-ordered child support, untaxed retirement or disability benefits, or Temporary Assistance for Needy Families (TANF).

Name of person who lost the benefit: _____

Type of benefit lost: _____

Date benefit last received: _____/_____/_____

_____ **C. Separation/Divorce –**
You have separated or divorced AFTER you filed the Free Application for Federal Student Aid (FAFSA). Separation or divorce must be prior to January 1, 2008.

Date of separation/divorce: _____/_____/_____

_____ **D. Death –**
Your spouse has died after you have filed the Free Application for Federal Student Aid (FAFSA).

Name of deceased: _____

Date of death: _____/_____/_____

_____ **E. Excessive medical expenses in 2006 –**
You, your spouse, or your dependent as listed on the FAFSA have incurred unusually high uninsured or unreimbursed medical, optical, and/or dental expenses (including insurance premiums) that are in excess of 11% of the total Adjusted Gross Income reported on the 2007-2008 FAFSA.

If any circumstance A. – D. is claimed, please complete all remaining sections of the form. If only circumstance E. is claimed, you may skip both Sections II and III.

SECTION II – 2007 Income

This information is to be completed by the student and spouse, if applicable. List the names of all the places where you (and your spouse) have worked during 2007 along with total earnings to date before taxes. Please report your total taxable and untaxed income from January 1, 2007 to today’s date in Column B. Please list your estimated total taxable and untaxed income from today’s date through December 31, 2007 in Column C. **Do not leave questions blank**; enter the appropriate numbers or 0 when no income is received.

	A	B	C	D
	Employer/Company or Source of Income	Actual Income from 01/01/2007 to Today Date ____/____/____	Estimated Income from Today through 12/31/2007	Total Actual + Estimated Columns (Column A + B)
Student’s wages:		\$	\$	\$
		\$	\$	\$
Student’s unemployment compensation:		\$	\$	\$
Spouse’s wages:		\$	\$	\$
		\$	\$	\$
Spouse’s unemployment compensation:		\$	\$	\$
Severance Pay:		\$	\$	\$
Other taxable income which may include interest or dividend income, alimony, business or farm income, pensions, annuities, taxable social security:		\$	\$	\$
Social Security Income (include student’s and spouse’s benefits as well as benefits received for all children):		\$	\$	\$
Temporary Assistance for Needy Families (TANF):		\$	\$	\$
Child support <i>received</i> for all children:		\$	\$	\$
Other untaxed income and benefits (i.e. disability; workmen’s compensation; payment to tax deferred pension and savings plans such as 401(K) or 403(B) plans; housing, food or other living allowances; maintenance income from a separated spouse):		\$	\$	\$
Child support <i>paid</i> by the student (and spouse):		\$	\$	\$

