



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 2009-2010 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:**
 - A. SIGNED copy of student (and spouse) 2008 U.S. Income Tax form
 - B. Independent verification worksheet (can obtain copy from Office of Financial Aid or www.sf.edu/financialaid/forms.shtml).
- 3) The **Required Documentation**, as outlined below, for your special circumstance that you report in Section I
 - A. **Involuntary Loss of Employment:**
 - i. Copy of termination notice *or* a statement from employer indicating last date of employment and the reason for the loss of employment (i.e. termination, layoff, disability, retirement, company closing or plant shutdown)
 - ii. Most Recent Pay Stubs
 - iii. Section II of this form
 - B. **Loss of Untaxed Income/Benefits:**
 - i. Proof of your loss of untaxed income from appropriate agency
 - ii. Most Recent Pay Stubs
 - iii. Section II of this form
 - C. **Separation/Divorce** – Signed copy of divorce/separation document
 - D. **Death** – Copy of death certificate
 - E. **Excessive medical expenses in 2008** – 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 2008 (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)

Please return the Special Circumstance Form, Verification Materials, and Required Documentation 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 260-399-8003 or 800-729-4732.

**University of Saint Francis
2009-10 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 2008, have lost employment for at least 10 weeks in 2009 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 2008 has completely lost that income for at least 10 weeks in 2009. 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, 2010.
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 2008 –**
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 2009-20010 FAFSA.

SECTION II – 2009 Estimated Income (For loss of employment or loss of untaxed benefits)

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 2009 along with total earnings to date before taxes. Please report your total taxable and untaxed income from January 1, 2009 to today’s date in Column B. Please list your estimated total taxable and untaxed income from today’s date through December 31, 2009 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 01/01/2009 to Today Date ___/___/___	Estimated Income from Today through 12/31/2009	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):		\$	\$	\$

