

## 2023-2024 Special Circumstances Request Form

Student Name:

Mustang ID #:

Students/families have the option to file a Special Conditions Request when their financial situation has significantly changed and 2021 tax information as reported on the 2023-2024 (FAFSA) does not accurately reflect the current financial situation.

The information provided on your original application may not be adjusted if your income reduction is not significant, appears inconsistent, or seems inadequate to support your family size as estimated. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

### **Required Documentation**

- A completed 2023-2024 Free Application for Federal Student Aid
- A personal statement explaining your extenuating circumstances
- □ A signed copy of the student's and parents' (or your spouse's, if married) 2021 and 2022 Federal Tax Returns (Schedules 1, 2, & 3, if filed) and W-2's.

#### Special Conditions Request

(Check all that apply and include additional documents as specified for each condition)

- □ Expenses incurred and/or economic hardship as a result of COVID-19
- □ Loss of Income from Employment
  - o Termination/severance letter
  - A year-to-date earnings statement
  - Unemployment documentation
- Loss from Business/Farm due to bankruptcy, foreclosure, or natural disaster
  - o Letter from your accountant, attorney, or banker outlining the circumstances
- Loss of Untaxed Benefits (child support, military/clergy housing allowances, Veteran's non-educational benefits, untaxed pensions/annuities, etc)
  - Letter from funding agency documenting change in status for parent and/or student
- Significant medical and/or dental expenses not covered by insurance (NOTE: Must not be a reimbursable expense)
  - o 2021 Federal Income Tax Return Schedule A OR
  - o Copies of billing statements from the medical or dental provider(s) and proof of payment
- One-time income received in 2021 that will not be received in 2022 and/or 2023
  - Copies of bills which were paid using this income
  - Copy of IRS 1099 form
- □ Death of parent or spouse after the FAFA was filed
  - Copy of death certificate or obituary
- Divorce or separation after the FAFSA was filed
  - Copy of legal separation/divorce decree
  - o List of dependent children who will live with you or in your parent household
  - o List of monthly maintenance support and expected division of assets
  - Proof of separate addresses
- $\Box$  Parent in College
  - Copy of parent course registration
- □ Exceptional Expenses
  - You may document requests for possible adjustments to your financial aid educational budget while attending SMSU. This may be based upon travel, personal expenses, maintaining additional households, personal computer costs for school related work or other expenses above those determined as standard costs for a student to attend.
- □ Other
  - Any circumstance not listed above



## \*\* If you are submitting this request after Fall Semester 2023, please attach a copy of your 2022 Federal Income Tax Return and W-2's.\*\*

|   | 2023 Project | ted Income |          |          |
|---|--------------|------------|----------|----------|
|   | Student      | Spouse     | Parent 1 | Parent 2 |
| Wages/Salary (Attach YTD earnings)                      |              |            |          |          |
| Military/Clergy Housing Allowances                      |              |            |          |          |
| Child Support Received                                  |              |            |          |          |
| Worker's Compensation                                   |              |            |          |          |
| Unemployment Compensation<br>(Attach Benefit Statement) |              |            |          |          |
| Cash paid on your behalf                                |              |            |          |          |

#### Parent Contact Information

Parent Email Address:

Parent Cell Number:

### **Certification and Signatures:**

WARNING: If you purposely give false or misleading information on this form, you may be subject to a \$20,000 fine, a prison sentence, or both. I/We certify that the information provided on this form is complete and accurate to the best of our knowledge.

| Student's Signature               | Date |
|-----------------------------------|------|
| Spouse's Signature (if married)   | Date |
| Parent 1 Signature (if dependent) | Date |
| Parent 2 Signature (if dependent) | Date |

# **\*\***Forms submitted without the requested documentation or signatures will not be processed**\*\***

Return this completed and signed form to: SMSU Financial Aid Office – IL 145 – 1501 State Street – Marshall, MN 56258 Fax: 507-537-6275 – Email: <u>financialaid@smsu.edu</u>

## FOR OFFICE USE ONLY

| <br>Approved |
|--------------|
|              |

Comments:

\_\_\_\_ Denied

Tabled – Need more information