

2024-2025 Special Circumstances Request Form

Student Name:

Mustang ID #:

Students/families have the option to file a Special Circumstances Request when their financial situation has significantly changed and 2022 tax information as reported on the 2024-2025 (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 2024-2025 Free Application for Federal Student Aid
- A personal statement explaining your extenuating circumstances
- □ A signed copy of the student's and parents' (and spouse's, if married) 2022 and 2023 Federal Tax Returns (with all schedules) and W-2's.

Special Conditions Request

- (Check all that apply and include additional documents as specified for each condition)
- Involuntary loss of employment or pay reduction
 - Termination or separation letter
 - o A year-to-date earnings statement
 - o Unemployment documentation
- □ Significant medical or dental expenses not covered by insurance for those in the FAFSA family size (NOTE: Expenses incurred but not paid do not qualify for consideration)
 - 2022 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 2022 that will not be received in 2023 and/or 2024
 - 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 (court issued or letter from attorney)
 - Proof of separate addresses (i.e. utility bills, lease)
- □ Budget adjustment
 - The standard budget reflects the average cost of tuition and fees; books, course materials, supplies, and equipment; living costs; and personal expenses. Only extraordinary expenses that occur during the academic year and substantially exceed those allowed in the standard budget are considered. Receipts or purchase invoices are required. Examples of expenses that may be considered are computer purchase; cost of first professional credential; or books, course materials, supplies, and equipment in excess of the allowance, etc.
- □ Other
 - o Any circumstance not listed above

Telephone 1-507-537-6281 | Toll-Free 1-800-642-0684 1501 State Street, Marshall MN 56258-1598 | www.SMSU.edu



** If you are submitting this request after Fall Semester 2024, please attach a copy of your 2024 Federal Income Tax Return and W-2's.**

| 2024 Projected Income | | | | |
|---|---------|--------|----------|----------|
| | Student | Spouse | Parent 1 | Parent 2 |
| Wages/Salary (Attach YTD earnings) | | | | |
| Military/Clergy Housing Allowances | | | | |
| Child Support Received | | | | |
| Worker's Compensation | | | | |
| Unemployment Compensation (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

| Approved |
|----------|
| |

Comments:

____ Denied

_____Tabled – Need more information