

2024-2025 Special Circumstances Application

The Department of Education allows Financial Aid Administrators to consider Special Circumstances that have occurred after the student/spouse and/or parent(s) have submitted an initial 2024-2025 Free Application for Federal Student Aid (FAFSA). The submission of this form is a request for the Office of Financial Aid to review special circumstances of loss/reduction in income, change in marital status, death of a spouse/parent, unusual medical expenses, or other unforeseen circumstances. This form must contain supporting documentation before a request can be considered. All decisions are FINAL. Applications are processed as quickly as possible, but may take 7-14 business days during peak periods (June-August). Please be aware that not all special circumstances adjustments result in additional financial aid. If your application has not been processed prior to your bill due date, it is your responsibility to make alternative payment ar rangements, if necessary.

A. STUDENT INFORMATION

| Last Name | First Name | Middle Name | Student ID Number | |
|---------------|------------|-------------|-------------------|--|
| | | | _ () | |
| Email Address | | | Phone Number | |

B. DESCRIPTION OF SPECIAL CIRCUMSTANCES (REQUIRED)

All Students: Please explain in detail the change in your and/or your family's financial situation.

If more space is needed for your explanation, attach an additional page. Include your name, your DSU ID, handwritten signature(s), and the date(s) of the signature(s).

C. SUPPORTING DOCUMENTATION (REQUIRED)

IMPORTANT: All verification and/or Satisfactory Academic Progress (SAP) requirements listed on the myDSU portal under Financial Aid>Home (Award year 2024-25) must be completed prior to review of this Special Circumstances Application.

| Please answer ALL questions for | each applicable circumstance and | l submit ALL required suppo | rting documentation wi | th this application to prevent |
|---------------------------------|----------------------------------|-----------------------------|------------------------|--------------------------------|
| processing delays. | | | | |

| Check applicable circumstance(s) | Complete all blanks for each circumstance checked. If additional space is needed, attach an additional page. | Required Supporting Documentation Checklist Use this checklist to ensure that all required documentation is submitted with your application. "You" and "your" refers to the individual(s) who experienced the circumstance. |
|--|---|---|
| Loss of employment resulting in total unemployment | Name of person(s) who experienced a loss of employment: | 2024-2025 V1 Verification Worksheet, IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), 2023 Federal Tax Return Transcript (s) or signed 2023 1040 tax forms for student and parent(s), or student and spouse |
| | Have unemployment benefits been received as a result? | (if married), 2022 & 2023 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), Last 2 pay stubs showing year-to-date earnings, If married, at least 2 of your spouse's most recent paystubs, Letter(s) from your former employer stating the last date of employment, Benefit notice from employment office (proof of unemployment), if applicable |
| Reduction in earnings | Name of person(s) who experienced a reduction in earnings: | 2024-2025 V1 Verification Worksheet, IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), 2023 Federal Tax Return Transcript (s) or signed 2023 1040 |
| | Date Reduction in Earnings began: | tax forms for student and parent(s), or student and spouse (if married), 2022 & 2023 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married) Last 2 pay stubs showing year-to-date earnings, |
| | Start date of new job, if applicable: // Return to work date, if applicable: // | If married, at least 2 of your spouse's most recent paystubs, Letter(s) from your former employer stating the last date of employment, 2 or 3 of your most recent 2024 pay stubs from your current employer, if applicable, Benefit notice from employment office (proof of unemployment), if applicable |
| Other Loss of Income Alimony Child Support Retirement or Pension Social Security (taxed) | Name of person(s) who experienced a loss of other income: | 2024-2025 V1 Verification Worksheet, IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), |
| Social Security (taxed) Worker's Compensation | Date Benefit(s) began: // Date Benefit(s) ended: // | 2023 Federal Tax Return Transcript (s) or signed 2023 1040 tax forms for student and parent(s), or student and spouse (if married), 2022 & 2023 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), 2023 benefit statement listing total amount received, 2024 benefit statement listing updated amount to receive and effective date |

| Check applicable circumstance(s) One-Time Lump Sum 401K/pension withdrawal included in 2022 adjusted gross income | Complete all blanks for each circumstance checked. If additional space is needed, attach an additional page. Name of person(s) who received this income: | Required Supporting Documentation Checklist Use this checklist to ensure that all required documentation is submitted with your application. "You" and "your" refers to the individual(s) who experienced the circumstance. 2024-2025 V1 Verification Worksheet, IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), 2023 Federal Tax Return Transcript (s) or signed 2023 1040 tax forms for student and parent(s), or student and parent(s), or student and spouse (if married), 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), Documents detailing One-Time Payment Amount, source, and reason, You (and your spouse's, if married) 2022 Form 1099-R(s) |
|--|---|--|
| Death of FAFSA parent <u>or</u> spouse (<u>after</u> the FAFSA was filed) | Name of deceased: Date of death: // | You (and your spouse s) in married, 2022 Form 2005 N(s) 2024-2025 V1 Verification Worksheet, IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), Copy of death certificate or published obituary if death certificate is not available |
| Divorce or legal separation (<u>after</u> the FAFSA was filed) | Are you separated or divorced? Separated Divorced Date of separation/divorce:// | 2024-2025 V1 Verification Worksheet, IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), Divorce decree or separation agreement or proof of separate addresses (mortgage/lease/power or water bill) |
| Medical/dental expenses paid out-of-pocket (not paid by insurance or by using FSA/HSA accounts) | Name of person who paid the medical expenses: Choose applicable year (check only one): Total out-of-pocket expenses paid in 2023: \$ | 2024-2025 V1 Verification Worksheet, IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), Proof of medical/dental bills paid out of pocket. Documentation may include: paid receipts, a payment history from each medical/dental provider, bank statements, or cleared checks. An Explanation of Benefits (EOB) is not acceptable. Schedule A from your Federal Tax Return (2023 or 2024), if applicable |
| Private School Tuition for a child | Name(s) of child(ren) for whom tuition was paid: Choose applicable academic year (check only one): Total out-of-pocket tuition paid in academic year 2023-2024: \$OR- Total out-of-pocket tuition paid in academic year 2024-2025: \$ | 2024-2025 V1 Verification Worksheet, IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), Receipts and/or statements from school(s) for applicable academic year (2023-2024 or 2024-2025) indicating the amounts paid out-of-pocket and for whom. |

D. CERTIFICATION AND SIGNATURE REQUIRED

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information on this worksheet I may be fined, sent to prison, or both.

| Print Student's Name | Student's ID Number | |
|--|---------------------|--|
| Student's Signature (Required) | Date | |
| Parent's Signature – Dependent Students (Required) | Date | |

Equal Access Statement

Delta State University is committed to maintaining a learning and working environment free from sexual and gender-based discrimination or harassment. Our goal is for all to have equal access to the many great services and opportunities we offer. For more information, or to report an incident, see <u>https://www.deltastate.edu/titleix/</u> or email <u>titleix@deltastate.edu</u>.