



Financial Aid Special Circumstances Form 2009-2010

Student Name

___Dependent
___Independent

Social Security Number

Emplid

Phone Number

The Free Application for Federal Student Aid (FAFSA) form advises you to contact the financial aid administrator at your school if you have special circumstances not covered on the application that would affect your eligibility for student financial aid. Before the Financial Aid Office can review the information on this form, you must have previously filed a **2009-2010** FAFSA.

The information provided on your original application may not be updated if your income reduction is not significant or appears inconsistent. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

Please complete all of the required information appropriate to your circumstances. **Incomplete forms will not be processed.**

1. Please check the reason for submitting your special circumstances request and attach the requested documentation. Please note: the Financial Aid Office reserves the right to request additional documentation, if needed. Date of Loss _____ / _____ / _____

A. Loss of income parent and/or student (spouse, if applicable) from work due to layoff, closing of business, termination.

Required Documentation

- Letter from former employer(s) effective dates and severance, vacation, personal and sick leave pay out.
- Copy of final pay stub from previous employer(s).
- Letter from unemployment office documenting effective dates and benefits received.
- Two (2) current pay stubs (if presently employed).
- W2 forms for student and/or spouse, and for parent(s) if dependent
- Documentation of any other income received during the calendar year.

B. Death, divorce, or separation has occurred since the FAFSA was filed. Documentation needed: Copy of death certificate or divorce/separation decree.

C. Loss of Social Security benefits. Documentation needed: Letter from Social Security Administration stating start/end dates and benefit amount.

D. Loss of child support. Documentation needed: Letter or court document stating start/end dates and child support amount.

E. Loss of unemployment compensation. Documentation needed: Letter from unemployment office stating start/end dates and benefit amount.

F. Loss of Worker's Compensation benefits. Documentation needed: Letter from Bureau of Worker's Compensation stating start/end dates and benefit amount.

2. Complete and submit the 2009-2010 Independent/Dependent Verification Worksheet and attach a signed copy the 2008 federal 1040 for both you and/or your parent or you and/or your spouse. You do not have to resubmit this information if you have already provided it to the Financial Aid Office.

3. Please explain in detail the reason(s) for your request for special circumstances and the details of your income reduction. Provide an additional sheet if necessary.

4. Please provide the amount that you and your family expect to receive between **January 1, 2009 and December 31, 2009**. If your parent is divorced, separated, or widowed, don't include information about the other parent. If you are divorced, separated, or widowed, do not include information about your spouse.

Anticipated income for 2009	Independent Students		Dependent Students	
	Student	Spouse	Student	Parent(s)
Taxable income	\$	\$	\$	\$
Untaxed income (child support, Military Living Allowances, etc)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
TOTAL INCOME	\$	\$	\$	\$

Certification Statement: I (we) certify that the information provided on this form is complete and accurate to the best of my (our) knowledge. If I (we) provide false or misleading information, I (we) understand that I may be fined, sent to prison, or both. I (we) understand that should the circumstance(s) identified in this form change due to subsequent employment and/or receipt of monies not available at the time of submission of this form, I (we) will notify the Office of Financial Aid immediately of these changes.

A parent's signature is only necessary when you were required to provide information about them on your 2009-2010 Free Application for Federal Student Aid (FAFSA).

Student Signature _____ Date _____

Parent Signature _____ Date _____

<p>Chester Campus Goyne Hall, Room A103 13101 Jefferson Davis Highway Chester, Virginia 23831 804-706-5236 Fax: 804-706-5083</p>	<p>Midlothian Campus Administration Building, Room B107 800 Charter Colony Parkway Midlothian, Virginia 23114 804-594-1550 Fax: 804-594-1630</p>
--	--