

## 2019-20 Special Circumstance Request

### STUDENT INFORMATION

Page 1 of 2

Student Name \_\_\_\_\_ AU Student ID \_\_\_\_\_

\*Best Person to Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

\*Note: This person must be on your FERPA release form and know the FERPA code.

Complete this form in pen and submit with ALL required documents based on your indicated situation.

A Special Circumstance Request is intended for students, spouses, and/or parents who have experienced significant life changes, which include, but are not limited to, the situations noted on this form.

The purpose of this request is to assess an ability to administratively change your FAFSA data due to your unique circumstances and the documents submitted. There is no guarantee an approval will result in increased aid eligibility.

- Thorough documentation is required to explain and verify your situation. Incomplete documentation will cause delays. Additional documents may be requested after initial review.
- After verifying all submitted documents, multiple corrections may be administratively made to your FAFSA before a new award letter can be generated. The Department of Education will notify you by email of any corrections made.
- This request is in effect for the 2019-2020 academic year only. Policies and procedures are subject to change as influenced by regulatory changes.

A Special Circumstance review begins after the Office of Financial Aid receives all required documents. Once your request has been fully evaluated and any permissible FAFSA changes have been made, your financial aid eligibility is reassessed. You will be notified of the Special Circumstance Request outcome in writing. A new award letter will be issued if the request is approved and the student is eligible for additional financial aid.

### SECTION A: REQUIRED ITEMS

**Print the student name and student ID number on all submitted documentation to assure proper identification.**

- 1. Completed Special Circumstance Request form
- 2. A statement explaining your appeal condition
- 3. Completed 2019-20 Household Size Verification form (Form B1 on [aurora.edu/forms2019](http://aurora.edu/forms2019))
- 4. Copy of 2017 IRS Tax Return Transcript for all tax filers (student/spouse/parent) listed on the FAFSA  
Request a free Tax Return Transcript from the IRS:
  - Visit [IRS.gov](http://IRS.gov) and click on "Get Your Tax Record" to have transcript(s) mailed to you
  - Call 800-908-9946
  - Submit IRS Form 4506-T or 4506T-EZ to the IRS
- 5. Applicable Non-Tax Filer Verification form for all non-tax filers (student/spouse/parent) listed on the FAFSA (Form B4, B5, and/or B6 on [aurora.edu/forms2019](http://aurora.edu/forms2019))
- 6. Copy of **all 2017 W-2s** for all people (student/spouse/parent) listed on the FAFSA

**SECTION B: APPEAL CONDITIONS** (Check applicable box and provide requested information for situation.)

**Loss of Job or Reduction in Hours/Salary**

Name of Person Experiencing Loss of Job or Reduction in Hours/Salary \_\_\_\_\_

January 2018-December 2018 (if more than three employers in 2018, attach additional sheet)

| Name of Employer | Months Worked in 2018 (ex: Jan-Mar) | Income Earned in 2018 |
|------------------|-------------------------------------|-----------------------|
|                  |                                     | \$                    |
|                  |                                     | \$                    |
|                  |                                     | \$                    |

2018 Unemployment Benefits: \$ \_\_\_\_\_

2018 Other Income: \$ \_\_\_\_\_ Type of Income: \_\_\_\_\_

January 2019-December 2019 (if more than three employers in 2019, attach additional sheet)

| Name of Employer | Months Worked in 2019 (ex: Jan-Mar) | Projected Income Earned in 2019 |
|------------------|-------------------------------------|---------------------------------|
|                  |                                     | \$                              |
|                  |                                     | \$                              |
|                  |                                     | \$                              |

Projected 2019 Unemployment Benefits: \$ \_\_\_\_\_

Projected 2019 Other Income: \$ \_\_\_\_\_ Type of Income: \_\_\_\_\_

**\*\*Additional information will be requested after initial review.**

**Loss of Benefits (taxed Social Security, child support, etc.)**

- ◆ Documentation showing amount of benefit and date that it was/will be terminated

**Separation/Divorce of Student or Parents**

Date of Separation/Divorce \_\_\_\_\_

Projected Yearly Maintenance Amount \$ \_\_\_\_\_

Projected Yearly Child Support Amount \$ \_\_\_\_\_

- ◆ Provide legal documentation of the separation/divorce such as official court documents.
  - If unable, provide proof of separate addresses (i.e. separate utility bills, separate mortgage/lease, paystubs).
- ◆ Documentation showing the amount of maintenance and/or child support, if applicable.

**Death/Disability of Parent/Spouse**

- ◆ Provide official documentation of the death/disability.

**Major Medical Expenses Paid\***

\* Only medical expenses reflected on **Schedule A** of the submitted **2017 IRS Tax Return Transcript** can be considered.

**Tuition Paid for Sibling at Private Elementary, Middle, and High Schools**

- ◆ Provide a copy of 2019-2020 tuition bill(s) on school letterhead reflecting the attending student's name.

**Other**

If you feel you have an unusual circumstance not covered in any of the above conditions, explain the circumstances in a written statement in detail. Submit any applicable documentation to support your explanation.

**SECTION C: CERTIFICATION**

I certify that the information I have provided regarding my request is true, complete, and accurate to the best of my knowledge. **I understand this information can be used to override federal regulations and submit corrections to my FAFSA.** By signing this application I agree, if asked, to provide information that will verify the accuracy of my request. I understand that if I purposely give false or misleading information in connection with my application for federal student aid, I may be fined, sent to prison, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (If Dependent)

\_\_\_\_\_  
Date