

SPECIAL CIRCUMSTANCE INCOME REDUCTION/UNUSUAL SITUATIONS APPLICATION (SPEC) 2007/2008

All applicants are required to complete this section. (Application will be returned if not completed.)

Student's Social Security No. _____	Student's Last Name _____	First _____	Middle Initial _____
Street Address _____	City _____	State _____	Zip Code _____
Home Telephone _____	Work Telephone _____		

This application should be used **AFTER** the 2007-2008 Free Application for Federal Student Aid (FAFSA) has been submitted. Complete this form **ONLY** if there have been recent unusual or extenuating circumstances which have caused a **significant** decrease in 2006 taxable or untaxable income.

Each request for a special circumstance review is evaluated on an individual basis. In order to have your award re-evaluated your initial award must be processed first. The number of special circumstance requests received by this office may possibly cause a delay in reviewing your application. You will be notified by mail of the decision.

Circumstances which might be considered unusual or extenuating may include but are not limited to:

Please check the categories, which apply to your appeal.

- A. Income Reductions
- B. Unusual situations due to loss of income, unemployment, medical, etc.

Required documentation to support the above extenuating circumstance(s) is listed in the appropriate section. You may also be required to provide a copy of your/your parent(s) federal income tax return(s) at a later date to verify the information provided on this form. **Current/future financial aid could be adjusted/revised if the documentation does not support the claim(s).**

4. Required Documentation to be attached to this form when submitted for consideration

- a. For unemployment, change of employment, retirement, or disability
 - Office of Financial Aid Employment Verification form completed by all 2007 employers.
 - Or letter on company letterheads from previous and/or current employer stating dates of employment and amount earned to date in 2007.
 - And copy of recent 2007 pay statement showing year-to-date earnings.
 - And certification of total 2007 unemployment benefit eligibility
 - If retirement, also proof of type of retirement and monthly pension(s) amount(s).
 - If disability, also proof of disability, type of disability, and monthly benefits received in 2007.

- b. For loss of benefits and/or untaxed income provide documentation certifying loss. If child support or alimony also provide a copy of divorce decree to include separation agreement.

B. UNUSUAL SITUATIONS (debts due to loss of income, unemployment, medical, etc.)

NOTE: Debts like car, mortgage, and credit cards are **NOT** unusual debts.

- 1. Do you have **unusually high** debts or loans due to unemployment, failed business or emergency medical expenses within the year 2006 for which you are currently making monthly payments? ___ Yes ___ No

- 2. If **yes**, provide the following information: (**Note:** If additional debts have been incurred, write the information on an additional sheet of paper and **attach** to this application.)
 - a. Type or cause of situation: _____
 - b. Owed by whom? _____
 - c. Amount of original debt: \$ _____
Date incurred (month/year): _____
 - d. Balance owed on debt: \$ _____
 - e. Date payments began (month/year): _____
 - f. Monthly payment: \$ _____
 - g. Holder of debt: _____
 - h. Date payments end (month/year): _____

- 3. From what resources will you finance these expenses? _____

REQUIRED DOCUMENTATION

- Contract, mortgage, lien, and receipts
- Billing or payment summary from person, company, or agency to whom debt is owed
- Copy of final court bankruptcy document

ESTIMATED INCOME FOR 2007 CALENDAR YEAR (All must complete this section)

If you are divorced or separated, include only your income information. If your parents are divorced or separated, include only your custodial parent's income information. If your custodial parent has remarried include their spouse information.

Note: Write in Zero (0) if an item does not apply	(1/1/2007 – 12/31/2007)			
	Father	Mother	Student	Spouse
<u>Taxable</u>				
Wages, Salaries, Tips				
State Unemployment Benefits				
Pensions				
Alimony				
Other Taxable Income Specify Source(s)				
<u>Untaxable</u>				
Social Security Benefits				
Aid to Families with Dependent Children (AFDC)				
Child Support Received				
Other Untaxed Income and Benefits				
TOTAL Anticipated Income				
Cash and Savings				

HOUSEHOLD SIZE AND NUMBER IN POST-SECONDARY SCHOOL

This section must be completed if your household size or number of family members enrolled in post-secondary education has changed since you completed the original Free Application for Federal Student Aid.

Write in the number of people that your parents (or you and your spouse) will support between July 1, 2007 and June 30, 2008. Include yourself in this figure. Write in the number of people from the household who will be attending post-secondary school between July 1, 2007 and June 30, 2008. Include yourself but only include others if they are enrolled on at least a half-time basis in a degree or certificate program. If parents are attending college, please also complete the separate form Parents in College (SPPC) 2007-2008 and provide the required documentation.

Full Name	Age	Relationship	College

Total in Household _____

Total in College _____

CERTIFICATION STATEMENT (All must complete this section)

**** Although your Special Circumstance Application may be approved, it may not warrant additional aid due to availability of funds.**

I/We certify that the information provided on this form is complete and accurate to the best of my/our knowledge. If additional changes occur during the 2007-2008 academic year that would alter the information provided on this Special Consideration Form, I/We will immediately contact the Financial Aid Office.

Student's Signature _____

Date _____

Spouse's Signature _____

Date _____

Father's Signature _____

Date _____

Mother's Signature _____

Date _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Return: Florida State University
Office of Financial Aid
Tallahassee, FL 32306-2430
FAX: (850) 644-6404