



Florida State
University
 Office of Financial Aid

Name _____

Empl ID _____

Student Phone _____

**2018/2019 SPECIAL CIRCUMSTANCE
 INCOME REDUCTION/UNUSUAL SITUATION (FASPIN)**

*Approved Special Circumstances do not guarantee any additional aid will be awarded.
 Excluding peak periods, the estimated timeframe for a review is 6 to 8 weeks.*

A professional judgement allows a school's financial aid administrator to adjust or make changes to the data elements on the Free Application for Federal Student Aid (FAFSA) as it relates to the family's income and assets generating a new EFC figure.

This form should only be used **AFTER** the current Free Application for Federal Student Aid (FAFSA) has been submitted. You are completing this form because you or your parent indicated a recent unusual or extenuating circumstance.

Each request for review is evaluated on an individual basis. In order to have your award re-evaluated your initial award must be processed first especially if selected for verification. Circumstances which might be considered unusual or extenuating may include but not limited to are listed below. Please check the situation that applies:

Income Reduction (Income will be less in 2017 than in 2016):

Loss of Employment Decrease in salary/wages

Unusual Situations :

Exceptions to normal income (inheritance, IRA withdrawal, etc.)

Loss of business/farm due to bankruptcy, foreclosure, etc.

Other situation not listed above (Please explain in detail)

Section I. Contact Information (parent or student requesting the review)

Address: _____

City: _____ State: _____ Zipcode: _____ Phone: _____

Florida State University's Use of Social Security Number policy is available at http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm

282 Champions Way P.O. Box 3062430 University Center A4400 Tallahassee, FL 32306

Phone: 850-644-0539 Fax: 850-644-6404 Email: OFACS@admin.fsu.edu

www.financialaid.fsu.edu

Revised 2/14/2018

Section II. Estimated Income for Calendar Year

Please provide anticipated taxable and untaxable income in the table below. If you are an independent student (divorced/separated), include only your income information. If you are a dependent student and your parents are divorced or separated, include only your custodial parent’s income information. If your custodial parent has remarried, include their spouse income information.

Anticipated Income for Calendar Year

January 1, 2017 - December 31, 2017 **January 1, 2018 - December 31, 2018**

(NOT TO BE SUBMITTED UNTIL JUNE 2018)

Write zero (0) if item doesn't apply*	Students Only		Parents of Dependent Students	
	Student	Spouse	Parent 1	Parent 2
Anticipated taxable income				
Wages, Salaries, Tips				
Unemployment				
Pensions and/or annuities				
Alimony				
Other taxable income (source)				
Anticipated untaxable income				
Social Security Benefits				
Child support received				
Aid to Families w/Dependent Children				
Other untaxed income/benefits				
Total Anticipated Income				
Cash and Savings				

****Current/future financial aid could be adjusted/revised if the documentation does not support the claim(s).****

The below documentation is REQUIRED for the review of your application!

- **All applications require the following two documents:**
 - A Notarized statement explaining your circumstances.
 - 2016 tax return transcript (download or request a copy at <http://www.irs.gov/>)
- **Income Reductions:**
 - Employment verification from previous and current employer (statement on company letterhead stating dates of employment and amount earned to date is acceptable),
 - Copy of last or most recent pay stub and proof of unemployment benefits,
 - 2016 and 2017 W2's/1099/ etc,
 - 2016 1040 - tax return (signed)
- **Exceptions to normal income:**
 - Letter from an attorney, accountant or the income source to verify status, and proof of where funds went.
- **Loss of business/farm:**
 - Letter from an attorney or accountant to verify status of the property/asset lost
- **Other situation:**
 - If retirement: type of retirement and monthly pension(s) amount(s);
 - If disability: proof of disability, monthly benefits received, and taxable amount.
 - If other situation: Provide documentation to support claim.

Additional documentation may be required before a professional judgment can be made. Any changes made to your FAFSA after this application has been processed will result in a hold being placed on your file.

Section III. Certification of Statement

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 academic year that would alter the information provided on this Professional Judgement form, I/We will immediately contact the Financial Aid Office.

Once your special circumstance application has been received, the review process has an estimated time frame of six to eight weeks before a judgment has been determined.

*** Application must be signed by student and will not be accepted without all signatures of parties involved***

Student's Signature: _____ Date: _____

Print Name: _____

Spouse's Signature: _____ Date: _____

Print Name: _____

Parent 1 Signature: _____ Date: _____

Print Name: _____

Parent 2 Signature: _____ Date: _____

Print Name: _____

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