



## 2024-2025 Special Circumstance Application

Approved Special Circumstances do **not** guarantee that any additional aid will be awarded.

### Student Information

Full Name (First, MI, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ FSU ID/EMPLID: \_\_\_\_\_

This application should be used **AFTER** the 2024-2025 Free Application for Federal Student Aid (FAFSA) has been submitted. Complete this form **ONLY** if there have been recent unusual circumstances. Each request for a special circumstance review is evaluated on an individual basis.

During high-volume processing times, the spring-term months of December and January, the summer-term months of April and May, and the fall-term months of July and August, the estimated time frame for review is 4 Weeks.

During standard (off-peak times), the review will be completed within 15 business days once all supporting documentation has been provided.

### Circumstances which might be considered unusual may include (but are not limited to) the following:

Please select the appropriate boxes.

If you have an income reduction, please indicate which one.

	<b>A. Income Reduction</b> a. Unemployment/Change in Employment b. Retirement c. Disability d. Loss of Benefits and/or Untaxed Income e. Other situations not listed above	If your income and/or your parent(s)/spouse's income is less now than what was reported (2022 Tax Information) on the FAFSA.
	<b>B. Divorce/Separation: List primary parent</b>	If you or your parents have separated from or divorced a spouse.
	<b>C. Death of a Parent/Spouse</b>	If a parent or spouse is deceased.
	<b>D. Non-Elective Dental/Medical Expenses</b> (Not Covered by Insurance)	Medical/Dental expenses up to 11% of the family's income are already considered by the federal need analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 11% will be considered an unusual circumstance.

### Please Read and Certify the Following:

- I certify that the submitted information is true and correct to the best of my knowledge.
- I have read each section and provided the appropriate required documentation.
- I understand that I may be contacted if further information is needed.
- I understand that if I **DO NOT** provide supporting documentation, no further action will be taken on this request by the Office of Financial Aid.

Parent Signature (No Electronic Signatures): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (No Electronic Signatures): \_\_\_\_\_ Date: \_\_\_\_\_

Florida State University's Use of Social Security Number policy is available at <https://registrar.fsu.edu/bulletin/university-notice>

## A. INCOME REDUCTION

### A. Unemployment/Change in Employment:

- a. If you/parent/ spouse are unemployed or have a reduction in income. This includes self-employment.
- b. Required Documentation:
  - 2022 and 2023 Taxes (if available)
  - 2022 and 2023 W-2s, 1099s, Etc.
  - Employment Verification (for previous employment)
  - Evidence of Unemployment benefits (if applicable)
  - Last pay statement showing Year to Date earnings
  - Copy of DD214 if it is a military discharge
  - Statement of Circumstances

### B. Retirement

- a. If you have retired from your job, resulting in a reduction of income.
- b. Required Documentation:
  - 2022 and 2023 Taxes (if available)
  - 2022 and 2023 W-2s, 1099s, Etc.
  - Employment Verification (for previous employment)
  - Retirement benefits/statement
  - Last pay statements showing Year to Date earnings
  - Military Leave & Earnings Statement (if applicable)
  - Statement of Circumstances

### C. Disability

- a. If you have recently begun receiving disability.
- b. Required Documentation:
  - 2022 and 2023 Taxes (if available)
  - 2022 and 2023 W-2s, 1099s, Etc.
  - Last pay statements showing Year to Date earnings.
  - A copy of expected social security benefits.
  - Statement of Circumstances

### D. Loss of Benefits and/or Untaxed Income

- a. If you have recently lost a benefit/untaxed income such as child support, alimony, workman's comp, social security, disability, etc.
- b. Required Documentation:
  - 2022 and 2023 Taxes (if available)
  - 2022 and 2023 W-2s, 1099s, Etc.
  - Letter certifying appropriate loss on verifying letterhead.
  - Statement of Circumstances

## B. DIVORCE/SEPARATION OF PARENT/STUDENT

Please note, if you or your parent is remarried, that spouse's information will need to be added to the FAFSA, including financial information.

1. If the Student/Parent is **Divorced** please provide:
  - Copy of Divorce Decree
  - 2022 Tax Return Transcripts
  - Copy of all 2022 W-2 for Primary Parent (Or student if independent.)
2. If the Student/Parent is **Separated** please provide:
  - Copy of letter from an attorney (or a Married Taxpayer's Affidavit of Separation) or a notarized statement on letterhead confirming your separation claim from a valid third party.
    - Acceptable statements can come from a spiritual advisor, marriage counselor, life coach, social worker, or legal aid (not relatives or friends).
  - Rent/lease/mortgage or utility receipts for both parents. Documentation must show that two separate households are being maintained by providing two different physical addresses.
    - P.O. Boxes will not be accepted.
  - 2022 Tax Return Transcripts
  - Copy of all 2022 W-2 Forms for primary parent (Or student if Independent)

## C. DEATH OF A PARENT OR SPOUSE

Please note, if you or your parent is remarried, that spouse's information will need to be added to the FAFSA, including financial information.

1. **Documentation Required at Time of Submission:**
  - A copy of the death certificate
  - A copy of all 2022 W-2 forms for the surviving parent or student
    - If the parent did not earn income for the specific tax year, provide all your spouse's income, and submit a statement indicating you earned zero income for the tax year.
  - A copy of the SSA 1099 form if social security benefits were being received.
  - A copy of the 2022 tax return transcripts.

## D. NON-ELECTIVE DENTAL MEDICAL EXPENSES

- Amount of dental/medical expenses paid out of pocket in 2022 (**NOT** paid by insurance) \$ \_\_\_\_\_
- Amount of dental/medical expenses paid out of pocket in 2023 (**NOT** paid by insurance) \$ \_\_\_\_\_

1. **Documentation Required at Time of Submission:**
  - 2022 Federal Tax Return Transcript
  - 2022 (signed) Federal Tax Return with Schedule A-Itemized Deductions
  - Paid receipts of all payments **NOT** covered by insurance.

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