

2016-2017 REQUEST FOR SPECIAL CIRCUMSTANCE(S) FORM
(For Independent Students and Spouse, *If Married*; or the Dependent Student and Parent(s))

Student's Name (Print): _____ **J-Number:** _____

I am requesting that a Jackson State University Financial Aid Administrator review my **Request for Special Circumstance(s)** information for possible revision of my financial aid eligibility. I have attached the necessary documents to substantiate my request and a cover letter which explains in detail my special circumstance(s). Include your Name and J-Number at the top right corner on all information submitted to the Financial Aid Office.

Check the **Special Circumstance(s)** that applies below:

- ☐ (1) Unusual Medical and Dental Expenses (Complete Section 1)
☐ (2) Income Reduction (Complete Section 2)

SECTION 1: UNUSUAL MEDICAL AND DENTAL EXPENSES

You must attach copies of bills, canceled checks and other proof of medical/dental expenses you paid in 2015 and official documentation to show anticipated expenses for 2016. Do not include amounts paid by your insurance.

- How much did you and your spouse, if married pay for medical/dental expenses in 2015? \$ _____
- What was the amount paid by you and your parent(s) for medical/dental expenses in 2015? \$ _____
- My family's Non-Reimbursed medical/dental expenses in 2016 will be, check one: ☐ lower, ☐ the same or ☐ higher. Explain **Why**. What source(s) will be used to finance these expenses? *(Attach a separate sheet.)*

SECTION 2: INCOME REDUCTION

- A 2015 IRS Federal Tax Transcript(s) must be submitted for each individual in the household who filed or will file a 2015 IRS tax return (student, spouse, and parent/s), and official documentation for Unemployment or Change in Employment, Disability and Natural Disaster if applicable.

Check the one that applies:

- ☐ Income for you and your spouse, if married will be less in 2016 than in 2015.
☐ Your and your parent(s) income will be less in 2016 than in 2015.

- Check the appropriate reason(s) below that caused the change in your circumstance(s):

- ☐ Unemployment or Change in Employment
☐ Divorce/Separation
☐ Disability of Self, Spouse or Parent
☐ Death of Spouse/Parent
☐ Natural Disaster
☐ One-time Income (*ex: inheritance, moving expense allowance, back-year Social Security payments, or IRA or pension distribution*).

(OVER)

Student's Name (Print): _____ **J-Number:** _____

NOTE: If you and your spouse, if married or your parents divorced or separated after your 2016-2017 FAFSA was filed, submit a copy of the Divorce Papers or if separated, a signed statement by your custodial parent to indicate their Separation Date. *Include your Name and J-Number at the top right corner on all information submitted.*

1. If your change of income was due to the receipt of a One-time income payment (*ex: inheritance, moving expense allowance, back-year Social Security payments, or IRA or pension distribution*), identify the source of income and how funds were spent and/or invested: _____
_____ ; Date Received: _____
2. After you filed your 2016-2017 FAFSA, if **you and your spouse**, if married divorced or legally separated, provide only your information in the chart below (#6).
3. If your **parents** divorced or separated after you filed your 2016-2017 FAFSA, provide your and only your custodial parent information in the chart below (#6).
4. Provide only the information for your surviving parent below (#6) if a loss of income was due to the death of your **parent**. *Submit a copy of your parent's obituary.*
5. If a loss of income was due to the death of **your spouse**, if married provide only your information in the chart below (#6). *Submit a copy of your spouse's obituary.*
6. Anticipated Income for 2016: You must complete the information below for the period of January 2016 to December 2016. (You must provide a detailed explanation of when your income changed and how you calculated the expected 2016 income you reported under anticipated income.)

	Father's 2016 Income	Mother's 2016 Income	Student's 2016 Income	Spouse's 2016 Income
Wages, Tips, Salaries (<i>including severance pay, disability payments and any other income earned from work</i>)	\$	\$	\$	\$
Other Taxable Income				
Untaxed Social Security				
TANF Benefits				
Child Support Received				
Other Untaxed Income				
Total Anticipated Income for 2016	\$	\$	\$	\$

Student Signature _____

Date _____

Spouse Signature _____

Date _____

Parent Signature _____

Date _____

(FOR OFFICE USE ONLY)

Letter Receipt Date:
Status Taken:
Decision:
Financial Aid Administrator's Signature:
PJ Date: