2015-16 APPLICATION FOR REVIEW OF SPECIAL CIRCUMSTANCES

Use this application only for the following:

Loss of employment, employment change that resulted in a lower rate of pay, reduction in earnings with the same employer, loss of unemployment benefits, or loss of disability benefits.

Student Rocket Number  Student First Name  Student Last Name

Before submitting this application for review, you are required to file a 2015-2016 Free Application for Federal Student Aid (FAFSA). You can file a FAFSA at www.fafsa.ed.gov.

The following documents are required for ALL applications. Unfortunately, we are not able to review your application until ALL documentation has been received in our office. Previously submitted documents do not need to be resubmitted.

**DEPENDENT STUDENT REQUIRED DOCUMENTS**

1. The supporting documentation listed on page 2 of this application.
3. A copy of your parents’ 2014 Federal Tax Account Transcript, if an amended tax return was filed.*
4. Copies of all of your parents’ 2014 W2s.
6. Copies of all of your 2014 W2s.

**INDEPENDENT STUDENT REQUIRED DOCUMENTS**

1. The supporting documentation listed on page 2 of this application.
3. A copy of your 2014 Federal Tax Account Transcript, if an amended tax return was filed.*
4. Copies of all of your 2014 W2s.

*Even if you transferred your tax return information onto your FAFSA using the IRS Data Retrieval Tool, you are required to submit a 2014 Federal Tax Return Transcript from the IRS with this application. You can request a tax return transcript at www.irs.gov/transcript - select “Get Transcript ONLINE.” DUE TO FEDERAL REGULATIONS, WE CANNOT ACCEPT COPIES OF THE FEDERAL TAX FORMS YOU SUBMITTED TO THE IRS.

Additional Important Information

- If you have been selected for verification prior to submitting this application, you must complete that process before your Application for Review of Special Circumstances can be reviewed and/or processed.
- An adjustment to your FAFSA information may not result in additional financial aid.
- Application processing time is approximately 3-4 weeks from the time ALL required documents have been received. Applications submitted mid-August through mid-September may take longer to review.
- If your Application for Review of Special Circumstances has not been processed prior to your bill due date, please make other payment arrangements.
- The Application for Review of Special Circumstances deadline is February 12, 2016.
Submit the documentation listed for any of the following that are applicable to your circumstance(s).

**LOSS OF EMPLOYMENT**

- All documentation listed on page 1 of this application as well as all other items requested under this heading.
- A signed statement explaining your circumstance.
- A copy of your employment termination letter and last pay stub received showing 2015 year-to-date earnings from EACH employer with whom you are no longer employed - OR - a letter from each past employer stating the date your employment ceased and 2015 year-to-date earnings.
- A copy of your unemployment benefits letter stating when benefits began and the weekly amount - OR - a copy of your claimant inquiry letter from the unemployment office stating your weekly amount of benefits, your current eligibility status, and the total compensation received.

**EMPLOYMENT CHANGE RESULTING IN A REDUCTION OF EARNINGS**

- All documentation listed on page 1 of this application as well as all other items requested under this heading.
- A signed statement explaining your circumstance.
- A copy of your employment termination letter and last pay stub received showing 2015 year-to-date earnings from EACH employer with whom you are no longer employed - OR - a letter from each past employer stating the date your employment ceased and 2015 year-to-date earnings.
- A copy of your most recent 2015 pay stub from your new employer.
- A letter from your new employer stating your new rate of pay, average hours worked, and date of hire.

**REDUCTION IN EARNINGS WITH THE SAME EMPLOYER**

- All documentation listed on page 1 of this application as well as all other items requested under this heading.
- A signed statement explaining your circumstance.
- A copy of your most recent 2015 pay stub.
- A letter from your employer stating your new rate of pay, average hours worked, and effective date.

**LOSS OF UNEMPLOYMENT BENEFITS**

- All documentation listed on page 1 of this application as well as all other items requested under this heading.
- A signed statement explaining your circumstance.
- A copy of your unemployment benefits termination letter.
- A copy of your claimant inquiry letter from the unemployment office stating your weekly amount of benefits, your current eligibility status, and the total compensation received.

**LOSS OF DISABILITY BENEFITS**

- All documentation listed on page 1 of this application as well as all other items requested under this heading.
- A signed statement explaining your circumstance.
- A letter from your employer stating the date the disability benefits ceased, the 2015 year-to-date benefits received, and whether or not a return to work is expected.
- A copy of your workers’ compensation benefits letter stating the amount of benefits you will receive, if applicable.
- A copy of your social security benefits letter stating the amount of benefits you will receive, if applicable.

**IT IS NOT OUR POLICY TO CONSIDER A REDUCTION IN INCOME DUE TO ANY OF THE FOLLOWING:**

1. Reductions in overtime pay (this will be reflected in the following year’s FAFSA).
2. Reductions or loss of fringe benefits such as Cost of Living Adjustment, performance bonuses, holiday pay, or paid days off.
3. One-time, lump sum income received due to a company buyout, severance package, or retirement program distribution.
4. Loss of windfall income such as lottery or gambling winnings.

MAIL THIS APPLICATION AND ALL DOCUMENTS TO: THE UNIVERSITY OF TOLEDO, OFFICE OF STUDENT FINANCIAL AID, MAIL STOP 314, 2801 WEST BANCROFT STREET, TOLEDO, OHIO 43606-3390.