2016-2017
SPECIAL CIRCUMSTANCES APPLICATION

Use this application 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, loss of disability benefits, loss of a supporting family member, loss of untaxed income (child support, workers’ compensation, etc.), medical or dental expenses paid out-of-pocket, private school tuition paid out-of-pocket, or college tuition for a parent paid out-of-pocket.

Adjustments to income will not be made for reductions in overtime pay, reductions or loss of fringe benefits such as cost of living adjustments, performance bonuses, holiday pay, paid days off, one-time lump sum income received due to a company buyout, severance package, retirement program distribution, or loss of windfall income such as lottery or gambling winnings.

DEADLINE: This application must be received by the Office of Student Financial Aid no later than February 10, 2017.

Before submitting this application for review, you are required to file a 2016-2017 Free Application for Federal Student Aid (FAFSA). You can file a FAFSA at www.fafsa.ed.gov.

Submit this page AND all required documents to:

In-Person
Rocket Solution Central
Main Campus
Rocket Hall, Room 1200

By Mail
The University of Toledo
Office of Student Financial Aid, Mail Stop 314
2801 West Bancroft Street
Toledo, Ohio 43606-3390

If you have any questions, please call Rocket Solution Central at 419-530-8700.

By completing this application, you are requesting a re-evaluation of your 2016-17 financial aid eligibility due to a significant change in your (and/or your family’s) financial situation.

Please explain the change in your financial situation here (refer to Sections 1-5 which follow regarding required documentation):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Please provide an estimate of your family’s 2016 income. If you are a DEPENDENT STUDENT, provide information about you and the parent(s)/step-parent whose information was provided on the 2016-2017 FAFSA. If you are an INDEPENDENT STUDENT, provide information about you (and your spouse, if you are married). Include all income expected from January 1, 2016 through December 31, 2016.

ESTIMATED 2016 INCOME:

Gross wages, salaries, severance pay, tips __________ / __________
Unemployment benefits __________ / __________
Retirement benefits/pension __________ / __________
Workers’ compensation __________ / __________
Child support received __________ / __________
Alimony __________ / __________
Other income: __________________________________________________________________

Parent 1 / Parent 2

Student / Spouse

CERTIFICATION STATEMENT:

I (We) certify that all of the information provided on this application is true and complete to the best of my (our) knowledge. I (We) understand that further documentation may be requested by the Office of Student Financial Aid before a final decision is made, and that not every documented situation will result in a change in financial aid eligibility.

________________________________________________________________________________

Student Signature ____________________________ Date __________

Parent Signature ____________________________ Date __________

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SECTION 1: REQUIRED DOCUMENTATION

The following documents are required for ALL applications. 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 Checklist

- The supporting documentation applicable to your circumstances as listed in Sections 2 - 5 of this application.
- A copy of your parents'/stepparent’s 2015 Federal Tax Return Transcript.*
- A signed copy of your parents'/stepparent’s 2015 IRS Form 1040X, if an amended tax return was filed.*
- Copies of all of your parents'/stepparent 2015 W-2s.
- A copy of your 2015 Federal Tax Return Transcript.*
- Copies of all of your 2015 W-2s.
- A completed 2016-17 Verification Worksheet

INDEPENDENT STUDENT
Required Documents Checklist

- The supporting documentation applicable to your circumstances as listed in Sections 2 - 5 of this application.
- A copy of your (and your spouse’s, if married) 2015 Federal Tax Return Transcript.*
- Copies of all of your (and your spouse’s if married) 2015 W-2s.
- A completed 2016-17 Verification Worksheet

*If you transferred your tax return information into your FAFSA using the IRS Data Retrieval Tool, you are still required to submit a 2015 Federal Tax Return Transcript from the IRS with this application. You can request a tax return transcript at www.irs.gov/transcript. Due to federal regulations, we cannot accept federal tax forms 1040, 1040A or 1040EZ. If you filed an Amended Tax Return (1040X) contact Rocket Solution Central at 419.530.8700 for additional document requirements.

Additional Important Information

- If your FAFSA record was selected for verification prior to submitting this application, we must complete that verification process before your Special Circumstances Application can be reviewed and/or processed.
- An adjustment to your FAFSA information based on special circumstances 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 Special Circumstances Application has not been processed prior to your bill due date, it is your responsibility to make alternative payment arrangements when your bill becomes due.

Submit the documentation listed below for any of the following circumstances that are applicable to you. Your application will not be reviewed until ALL documentation has been received. The student’s Rocket ID should be written on all documents.

SECTION 2: LOSS OF TAXABLE INCOME

LOSS OF EMPLOYMENT

1. A copy of your employment termination letter and last pay stub received showing 2016 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 2016 year-to-date earnings.
2. 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, such as a claim or payment summary.
**DISLOCATED WORKER**

1. A copy of your layoff or termination letter from your employer showing the layoff or termination was a result of permanent closure of, or substantial layoff at, a plant, facility, or enterprise.
2. Your final pay stub received showing 2016 year-to-date earnings from the employer indicated above - OR - a letter from the employer stating the date your employment ceased and 2016 year-to-date earnings.
3. 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, such as a claim or payment summary – OR - A copy of your unemployment benefits termination letter.
4. Self-employed individuals now unemployed due to economic conditions or natural disaster, provide a written statement explaining the cause of unemployment and any supporting documentation to substantiate your statement.
5. Spouse of an active duty member of the U.S. Armed Forces who is unemployed or underemployed because of relocating due to permanent change in duty station of your spouse, provide a copy of service member’s orders showing change in duty station.

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

1. A copy of your employment termination letter and last pay stub received showing 2016 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 2016 year-to-date earnings.
2. A copy of your most recent 2016 pay stub from your new employer.
3. 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**

1. A copy of your most recent 2016 pay stub.
2. A letter from your employer stating your new rate of pay, average hours worked, and effective date.

**LOSS OF UNEMPLOYMENT BENEFITS**

1. A copy of your unemployment benefits termination letter.
2. 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, such as a claim or payment summary.

**LOSS OF DISABILITY BENEFITS**

1. A letter from your employer stating the date the disability benefits ceased, the 2016 year-to-date benefits received, and whether or not you will be returning to work.
2. A copy of your workers’ compensation benefits letter stating the amount of benefits you will receive, if applicable.
3. A copy of your social security benefits letter stating the amount of benefits you will receive, if applicable.

**IMPORTANT: Adjustments to income will not be made for 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.
SECTION 3: LOSS OF SUPPORTING FAMILY MEMBER

DIVORCE OR LEGAL SEPARATION

1. A copy of the divorce or legal separation papers or a letter from your attorney stating the marital status of the parties involved.
2. Documentation providing information regarding alimony and/or child support received.

DEATH OF A PARENT OR SPOUSE AFTER THE FAFSA WAS FILED

1. A copy of the death certificate.

SECTION 4: LOSS OF UNTAXED INCOME

LOSS OF CHILD SUPPORT

1. A copy of the letter from the Child Support Enforcement Agency stating the date of the emancipation of the child.
2. Documentation from the Child Support Enforcement Agency stating the monthly amount of child support received prior to emancipation.
3. If you are receiving support for other minor children, documentation from the Child Support Enforcement Agency stating the new monthly amount you will receive.

LOSS OF WORKERS’ COMPENSATION BENEFITS

1. A copy of the Workers’ Compensation benefits termination letter.
2. Documentation of the monthly amount of benefits received prior to termination.

SECTION 5: ADDITIONAL EXPENSES PAID OUT-OF-POCKET

MEDICAL/DENTAL EXPENSES NOT COVERED BY INSURANCE AND PAID OUT OF POCKET IN 2015

1. A copy of your 2015 IRS Schedule A, if deductions were itemized on your federal tax return.
2. If a 2015 IRS Schedule A was not filed with your federal tax return, submit an itemized list of medical/dental expenses paid out-of-pocket in 2015 and copies of paid receipts or canceled checks for each medical/dental expense listed.

IMPORTANT: An insurance company explanation of benefits will not be accepted as proof of payment of a medical/dental bill.

PRIVATE ELEMENTARY OR SECONDARY TUITION PAID OUT-OF-POCKET, OR COLLEGE TUITION FOR A PARENT PAID OUT-OF-POCKET

1. Receipts or statements from school(s) indicating the amount paid and for whom for the 2015-16 academic year.

IMPORTANT: College tuition paid for a parent must be for summer 2015, fall 2015, winter 2016, and/or spring 2016. Tuition paid by grants, scholarships, fee waivers, or tuition reimbursement plans will not be considered. Private school tuition paid for the entering University of Toledo student will not be considered. Do not submit bills not yet paid.