

R _____
Student Rocket Number

Student Last Name

Student First Name



2023-24 SPECIAL CIRCUMSTANCES APPLICATION

COMPLETE WITH BLACK INK ONLY. ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Special Circumstances Applications are intended for undergraduate students only. Applications and supporting documentation cannot be reviewed until all financial aid application requirements have been fulfilled and academic progress is in compliance with UToledo's Satisfactory Academic Progress (SAP) standards for recipients of federal student aid.

Graduate/professional students who are experiencing a financial hardship are encouraged to seek assistance through the Financial Emergency Intervention Program at utoledo.edu/financialaid/rocket-aid.

If the information you reported on your Free Application for Federal Student Aid (FAFSA) does not reflect your current financial situation or does not consider an unusual circumstance that has resulted in a significant and prolonged decline in family income, complete this application to request a review of your financial aid eligibility that includes this information. **Please be aware that not all special circumstance adjustments result in additional financial aid.**

Once this application and all required supporting documentation is received, allow 7-10 business days for processing. Applications received from mid-July through August may take longer to review. If your application has not been processed prior to your bill due date, it is your responsibility to make alternative payment arrangements, if necessary.

Please write your Student Rocket Number on all documents being submitted.

APPLICATION DEADLINES:

The preferred deadline for this application (including all required supporting documentation) is February 9, 2024, or two weeks prior to your last day of attendance, whichever occurs first. Per federal regulations related to making adjustments to FAFSA data, consideration will not be given to applications and/or supporting documentation received after April 19, 2024, or after two weeks prior to your last day of attendance, whichever occurs first.

CIRCUMSTANCES THAT WILL BE CONSIDERED INCLUDE:

- Loss of employment or an employment change resulting in a reduction in earnings
- One-time, lump sum 401(k)/pension withdrawal or other one-time, lump sum income included in 2021 adjusted gross income that was used for extenuating circumstances such as natural disaster recovery, loss or damage to primary residence, out of pocket funeral expenses, special travel/lodging expenses for medical reasons, adult care costs, etc., **OR** for COVID-19 related special travel/lodging expenses for medical reasons, disruption of employment/business (including while being a primary caregiver for someone with COVID-19 illness), adult/child care costs, out of pocket funeral expenses, deployment in response to COVID-19, etc.
- Loss of unemployment or disability benefits
- Loss of untaxed income such as child support or workers' compensation
- Divorce or legal separation after the 2023-24 FAFSA was filed
- Death of a parent or spouse after the 2023-24 FAFSA was filed
- High unreimbursed medical and/or dental expenses incurred in 2022 or 2023
- Private elementary/secondary tuition for a child (other than the incoming/current college student) or college tuition for a parent paid out-of-pocket in academic year 2022-23 or academic year 2023-24

CIRCUMSTANCES THAT WILL NOT BE CONSIDERED INCLUDE:

- Income reductions due to loss of overtime pay, bonuses, or commissions
- Income changes due to fringe benefit adjustments such as paid days off, holiday pay, employer-provided insurance coverage, etc.
- Loss of windfall income such as lottery or gambling winnings
- High consumer debt
- Circumstances for students who already have a **ZERO** Expected Family Contribution (EFC)

SECTION 1: DESCRIPTION OF SPECIAL CIRCUMSTANCES (REQUIRED)

If your circumstance is COVID-19 related, please check all that apply and include details in your explanation below.

- A COVID-19 illness (student/spouse/child/parent)
- A COVID-19 disruption of employment/business/childcare
- Other extenuating circumstance related to COVID-19

ALL STUDENTS: Explain the change in your and/or your family's financial situation (attach an additional page if necessary):

SECTION 2: ESTIMATED 2023 INCOME - JANUARY 1, 2023 THROUGH DECEMBER 31, 2023 (REQUIRED)

DEPENDENT STUDENTS: Provide information about you and the parent(s)/stepparent whose information was provided on the 2023-24 FAFSA.

INDEPENDENT STUDENTS: Provide information about you and your spouse (if married).

SOURCE(S) OF ESTIMATED 2023 INCOME (if none, answer \$0)	PARENT 1 Parent 1 initials: _____	PARENT 2 Parent 2 initials: _____	STUDENT	SPOUSE
Total gross wages, salaries, severance pay, tips	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Retirement benefits/pension	\$	\$	\$	\$
Workers' compensation/disability benefits	\$	\$	\$	\$
Other income: _____ _____	\$	\$	\$	\$
List <u>ALL</u> former and current 2023 employers	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: SUPPORTING DOCUMENTATION (REQUIRED)

IMPORTANT: All verification and Satisfactory Academic Progress (SAP) requirements listed on the myUT portal under My Financial Aid>My Financial Aid Dashboard (Award Year 2023-2024) must be completed prior to review of this Special Circumstances Application. If more than one person whose information was provided on your FAFSA has experienced the same circumstance, please complete and attach a separate page for each person.

Please answer **ALL** questions for each applicable circumstance and submit **ALL** required supporting documentation with this application to prevent processing delays.

<p>Check applicable circumstance(s)</p>	<p>Complete all blanks for each circumstance checked. <i>If additional space is needed, attach an additional page.</i></p>	<p>Required Supporting Documentation Checklist Use this checklist to ensure that all required documentation is submitted with your application. <i>“You” and “your” refers to the individual(s) who experienced the circumstance.</i></p>
<p><input type="checkbox"/> Loss of employment resulting in total unemployment</p>	<p>Name of person who experienced a loss of employment: _____</p> <p>Last date worked: ____/____/____</p> <p>Name(s) of <u>former</u> 2023 employer(s): _____ _____ _____ _____</p> <p>Have unemployment benefits been received as a result? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has severance pay been received as a result? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you considered to be a dislocated worker (see definition below)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was the loss of employment due to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Definition of Dislocated Worker:</u> An individual who has been terminated or laid off, or who has received a notice of termination or layoff from employment, including a separation notice from active military service (under other than dishonorable conditions).</p>	<p><input type="checkbox"/> Your (and your spouse’s, if married) 2021 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse’s, if married) 2021 Federal Tax Return(s) with all schedules</p> <p><input type="checkbox"/> Your (and your spouse’s, if married) 2021 W-2s</p> <p><input type="checkbox"/> Letter(s) from your former 2023 employer(s) stating the date employment ended and 2023 year-to-date earnings</p> <p><input type="checkbox"/> Unemployment benefits letter or claimant inquiry letter from the unemployment office that includes your weekly benefit amount, current eligibility status, and a detailed summary of all 2023 year-to-date benefits received</p> <p><input type="checkbox"/> Final pay stub(s) from each former 2023 employer</p> <p><input type="checkbox"/> If applicable, a signed statement indicating that you did not file for unemployment benefits</p> <p><input type="checkbox"/> If married, three or four of your spouse’s most recent pay stubs</p>

<input type="checkbox"/> Reduction in earnings	<p>Name of person who experienced a reduction in earnings:</p> <hr/> <p>Date reduction in earnings began:</p> <p>____/____/____</p> <p>Names of all <u>former</u> 2023 employers, if applicable:</p> <hr/> <hr/> <hr/> <hr/> <p>Start date of new job, if applicable:</p> <p>____/____/____</p> <p>Return to work date, if applicable:</p> <p>____/____/____</p> <p>Was the reduction in earnings due to COVID-19?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Your (and your spouse's, if married) 2021 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2021 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2021 W-2s <input type="checkbox"/> Letter from your former employer stating the date employment ended and 2023 year-to-date earnings <input type="checkbox"/> Final pay stub(s) from former 2023 employer(s) <input type="checkbox"/> Three or four of your most recent 2023 pay stubs from your current employer(s) <input type="checkbox"/> If married, three or four of your spouse's most recent pay stubs <input type="checkbox"/> If applicable, a letter from your current employer stating your new rate of pay, average hours worked per week, and date of hire <input type="checkbox"/> If self-employed, an <i>estimated</i> 2023 Schedule C (complete a 2022 Schedule C using 2023 estimates, indicate on the document it is being used to estimate 2023 profit/loss, and sign/date anywhere on the completed document) <input type="checkbox"/> If applicable, unemployment benefits letter or claimant inquiry letter from the unemployment office that includes your weekly benefit amount, your current eligibility status, and a detailed summary of all 2023 year-to-date benefits received <input type="checkbox"/> If applicable, a signed statement indicating that you did not file for unemployment benefits
<input type="checkbox"/> Loss of unemployment benefits	<p>Name of person who experienced a loss of unemployment benefits:</p> <hr/> <p>Date benefits began:</p> <p>____/____/____</p> <p>Date benefits ended:</p> <p>____/____/____</p>	<input type="checkbox"/> Your (and your spouse's, if married) 2021 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2021 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2021 W-2s <input type="checkbox"/> Unemployment benefits termination letter from the unemployment office <input type="checkbox"/> Claimant inquiry letter from the unemployment office that includes your weekly benefit amount, current eligibility status, and 2023 year-to-date benefits received
<input type="checkbox"/> One-time 401(k)/pension withdrawal included in 2021 adjusted gross income	<p>Name of person who received this income:</p> <hr/> <p>What were the funds used for?</p> <hr/> <hr/> <hr/> <p>Were additional funds withdrawn in 2022 or 2023?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was the distribution taken due to COVID-19?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Your (and your spouse's, if married) 2021 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2021 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2021 W-2s <input type="checkbox"/> Your (or your spouse's, if married) 2021 Form 1099-R <input type="checkbox"/> Documentation (receipts) showing the source of the withdrawal, how the funds were spent, and the amount of funds remaining from the withdrawal <input type="checkbox"/> A <u>signed</u> copy of your (and your spouse's, if married) 2022 Federal Tax Return(s) with all schedules

<input type="checkbox"/> Death of FAFSA parent <u>or</u> spouse (after the FAFSA was filed)	Name of deceased: _____ Date of death: _____ / _____ / _____	<input type="checkbox"/> Your and your spouse's 2021 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your and your spouse's 2021 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your and your spouse's 2021 W-2s <input type="checkbox"/> Death certificate or published obituary if death certificate is not available
<input type="checkbox"/> Divorce or legal separation (after the FAFSA was filed)	Are you separated or divorced? <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date of separation/divorce: _____ / _____ / _____ What was your marital status on the date the FAFSA was filed? _____ _____	<input type="checkbox"/> Your and your spouse's 2021 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your and your spouse's 2021 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your and your spouse's 2021 W-2s <input type="checkbox"/> Divorce or legal separation papers or a letter from your attorney stating the marital status of the parties <input type="checkbox"/> Documentation to verify the amount of alimony and/or child support you will receive in 2023
<input type="checkbox"/> Loss of alimony received	Date alimony began: _____ / _____ / _____ Date alimony ended: _____ / _____ / _____	<input type="checkbox"/> Your 2021 IRS Tax Return Transcript or a <u>signed</u> copy of your 2021 Federal Tax Return with all schedules <input type="checkbox"/> Your 2021 W-2s <input type="checkbox"/> Documentation of alimony received in 2023 and when it ended
<input type="checkbox"/> Increase in alimony paid	Date increase in alimony paid began: _____ / _____ / _____	<input type="checkbox"/> Your 2021 IRS Tax Return Transcript or a <u>signed</u> copy of your 2021 Federal Tax Return with all schedules <input type="checkbox"/> Your 2021 W-2s <input type="checkbox"/> Documentation of alimony paid in 2023
<input type="checkbox"/> Loss of child support received	Date child support ended: _____ / _____ / _____ For which child(ren) did child support end? _____ _____ Will you continue to receive child support for other children? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Letter from the child support enforcement agency stating the date the child(ren) were/will be emancipated from child support <input type="checkbox"/> Documentation from the child support enforcement agency stating the monthly amount of child support received prior to the emancipation of the child(ren) <input type="checkbox"/> If you will continue to receive support for other children, documentation from the child support enforcement agency stating the new monthly amount you will receive in 2023
<input type="checkbox"/> Increase in child support paid	Date increase in child support paid began: _____ / _____ / _____ For which child(ren) did child support increase? _____ _____ Will you continue to pay child support for other children? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Documentation from the child support enforcement agency stating the monthly amount of child support paid in 2023 for all children

<input type="checkbox"/> Loss of disability benefits or workers' compensation benefits	Name of person who experienced a loss of benefits: _____ Date benefits began: ____/____/____ Date benefits ended: ____/____/____	<input type="checkbox"/> Letter from employer stating the date disability benefits ended, 2023 year-to-date benefits received, and whether or not you will be returning to work <input type="checkbox"/> Workers' compensation benefits termination letter and documentation of monthly amount of benefits received in 2023 prior to termination
<input type="checkbox"/> Medical/dental expenses paid out-of-pocket (not paid by insurance or by using FSA/HSA accounts)	Name of person who paid the medical expenses: _____ Total out-of-pocket expenses paid in 2022: \$ _____ <p style="text-align: center;">-OR-</p> Total out-of-pocket expenses paid in 2023: \$ _____	<input type="checkbox"/> Your (and your spouse's, if married) 2021 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2021 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2021 W-2s <input type="checkbox"/> An itemized list of medical/dental expenses paid out-of-pocket (not paid by insurance or by using FSA/HSA accounts) in 2022 or 2023 OR a Schedule A for 2022 or 2023 <input type="checkbox"/> Paid receipts, a payment history from each medical/dental provider, bank statements, or canceled checks for each expense on your itemized list (an Explanation of Benefits [EOB] is <u>not</u> acceptable documentation)
<input type="checkbox"/> Private elementary/secondary tuition for a child or college tuition for a parent paid out-of-pocket	Name of child (or parent) for whom tuition was paid: _____ Total out-of-pocket tuition paid in 2022-23: \$ _____ <p style="text-align: center;">-OR-</p> Total out-of-pocket tuition paid in 2023-24: \$ _____ Name of child's elementary/secondary school or parent's college/university: _____ _____ _____	<input type="checkbox"/> Your (and your spouse's, if married) 2021 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2021 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2021 W-2s <input type="checkbox"/> Receipts and statements from school(s) for academic year 2022-23 or academic year 2023-24 indicating the amounts paid out-of-pocket and for whom <i>Tuition paid by grants, scholarships, fee waivers, or tuition reimbursement will <u>not</u> be considered.</i> <i>Private elementary/secondary tuition paid for the entering University of Toledo student or college tuition paid for a child will <u>not</u> be considered.</i>

CONTINUE TO NEXT PAGE TO SIGN CERTIFICATION STATEMENT →

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 1 Signature Date

Parent 2 Signature (if applicable) Date

<i>For office use only</i>	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied _____	

_____	_____
OSFA Signature	Date

TO RETURN THIS FORM:

Upload to: *myUT.toledo.edu*
"My Financial Aid"
"Secure Financial Aid Document Upload"

Mail to: The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, OH 43606-3390

In person: Rocket Solution Central
1200 Rocket Hall

Fax to: 419.530.5835

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.