

R _____
Student Rocket Number

Student Last Name

Student First Name



**2024-25
SPECIAL CIRCUMSTANCES APPLICATION**

COMPLETE WITH
BLACK INK ONLY.

This Special Circumstances Application is intended for undergraduate students only. Applications and supporting documentation will not 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 a circumstance that has resulted in a decline in family income or additional eligible expenses as indicated below, 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 10, 2025, or two weeks prior to your last day of attendance, whichever occurs first. Per federal regulations related to making changes to FAFSA data, consideration will not be given to applications and/or supporting documentation received after April 18, 2025, 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 2022 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 benefits
- Earnings from work under a cooperative education program offered by a college included in 2022 adjusted gross income
- Loss of child support received
- Increase in alimony paid or child support paid in 2024
- Divorce or legal separation after the 2024-25 FAFSA was filed
- Death of a parent or spouse after the 2024-25 FAFSA was filed
- High unreimbursed medical and/or dental expenses paid in 2023 or 2024
- Private elementary/secondary tuition paid for a child (other than the incoming/current college student) in academic year 2023-24 or academic year 2024-25

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 -1500 Student Aid Index (SAI)

SECTION 1: DESCRIPTION OF SPECIAL CIRCUMSTANCES (REQUIRED)

UTOLEDO STUDENT ANTICIPATED GRADUATION DATE: _____

ALL STUDENTS: Explain the change in your and/or your family's financial situation.

If more space is needed for your explanation, attach an additional page. Include your name, your Rocket Number, handwritten signature(s), and the date(s) of the signature(s).

SECTION 2: ESTIMATED 2024 INCOME - JANUARY 1, 2024, THROUGH DECEMBER 31, 2024 (REQUIRED)

DEPENDENT STUDENTS: Provide information about you and the parent(s)/stepparent whose information was provided on the 2024-25 FAFSA.

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

SOURCE(S) OF ESTIMATED 2024 INCOME (if none, answer \$0)	PARENT 1	PARENT 2	STUDENT	SPOUSE
	Parent 1 initials: _____	Parent 2 initials: _____		
2024 total gross wages, salaries, severance pay, tips	\$	\$	\$	\$
2024 unemployment benefits	\$	\$	\$	\$
2024 retirement benefits/pension	\$	\$	\$	\$
2024 <u>TAXABLE</u> Social Security benefits	\$	\$	\$	\$
2024 alimony payments received	\$	\$	\$	\$
2024 child support payments received	\$	\$	\$	\$
2024 Schedule C or F: net income from self-employment or farming	\$	\$	\$	\$
2024 Schedule E: net income from real estate rentals, partnerships, or trusts	\$	\$	\$	\$
2024 dividends and net realized capital gains	\$	\$	\$	\$
Other income: _____ _____	\$	\$	\$	\$
List <u>ALL</u> former 2024 employers	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
List <u>ALL</u> current 2024 employers	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

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 2024-25) 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 former 2024 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><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"/> Letter(s) from your former 2024 employer(s) stating the date employment ended and 2024 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, your current eligibility status, and a detailed summary of all 2024 year-to-date benefits received</p> <p><input type="checkbox"/> Final pay stub(s) from each former 2024 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> <p><input type="checkbox"/> Documentation of other sources of income reported in Section 2 above</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 former 2024 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>	<input type="checkbox"/> Letter from your former employer(s) stating the date employment ended and 2024 year-to-date earnings <input type="checkbox"/> Final pay stub(s) from your former 2024 employer(s) <input type="checkbox"/> Three or four of your most recent 2024 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> 2024 Schedule C (complete a 2023 Schedule C using 2024 estimates, indicate at the top of the document "Estimated 2024," 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 2024 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"/> Documentation of other sources of income reported in Section 2 above
<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"/> Unemployment benefits termination letter from the unemployment office <input type="checkbox"/> Claimant inquiry letter from the unemployment office that includes your weekly benefit amount, your current eligibility status, and a detailed summary of all 2024 year-to-date benefits received <input type="checkbox"/> Your 2022 Form 1099-G <input type="checkbox"/> Documentation of other sources of income reported in Section 2 above
<input type="checkbox"/> One-time 401(k)/pension withdrawal included in 2022 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>Was the distribution taken due to COVID-19?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were additional funds withdrawn in 2023 or 2024?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Your (and your spouse's, if married) 2022 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2022 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2022 Form 1099-R(s) <input type="checkbox"/> Documentation (receipts) showing the source of the withdrawal and how the funds were spent <input type="checkbox"/> A <u>signed</u> copy of your (and your spouse's, if married) 2023 Federal Tax Return(s) with all schedules
<input type="checkbox"/> Death of FAFSA parent <u>or</u> spouse (<u>after</u> the FAFSA was filed)	<p>Name of deceased:</p> <hr/> <p>Date of death:</p> <p>____ / ____ / ____</p>	<input type="checkbox"/> Your and your spouse's 2022 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your and your spouse's 2022 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your 2022 IRS Wage and Income Transcript <input type="checkbox"/> Death certificate or published obituary if death certificate is not available <input type="checkbox"/> 2024-25 Family Size Worksheet

<input type="checkbox"/> Divorce or legal separation (<u>after</u> 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 2022 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your and your spouse's 2022 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your 2022 IRS Wage and Income Transcript <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 2024 <input type="checkbox"/> 2024-25 Family Size Worksheet
<input type="checkbox"/> Loss of alimony received	Date alimony began: _____ / _____ / _____ Date alimony ended: _____ / _____ / _____	<input type="checkbox"/> Your 2022 Schedule 1 from your 2022 Federal Tax Return <input type="checkbox"/> Documentation of alimony you received in 2024 and when it ended
<input type="checkbox"/> Increase in alimony paid	Date increase in alimony paid began: _____ / _____ / _____	<input type="checkbox"/> Your 2022 Schedule 1 from your 2022 Federal Tax Return <input type="checkbox"/> Documentation of alimony you paid in 2024
<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 2024
<input type="checkbox"/> Child support you paid	Date child support payments began: _____ / _____ / _____ For which child(ren) have you paid child support in 2024? _____ _____	<input type="checkbox"/> Documentation from the child support enforcement agency stating the monthly amount of child support you have paid to date in 2024 for all children
<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: _____ Choose applicable year (check only one): <input type="checkbox"/> Total out-of-pocket expenses paid in 2023: \$ _____ <p style="text-align: center;">-OR-</p> <input type="checkbox"/> Total out-of-pocket expenses paid in 2024: \$ _____	<input type="checkbox"/> Worksheet of Itemized Medical/Dental Expenses Paid (found at utoledo.edu/financialaid/forms/) for applicable year (2023 or 2024) AND supporting documentation for each expense listed on the worksheet (paid receipts, a payment history from each medical/dental provider, bank statements, or canceled checks). An Explanation of Benefits (EOB) is <u>not</u> acceptable documentation. <p style="text-align: center;">-OR-</p> <input type="checkbox"/> Schedule A from your Federal Tax Return for applicable year (2023 or 2024)

<input type="checkbox"/> Private elementary/secondary tuition for a child	<p>Name(s) of child(ren) for whom tuition was paid:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Choose applicable academic year (check only one):</p> <p><input type="checkbox"/> Total out-of-pocket tuition paid in academic year 2023-24:</p> <p>\$ _____</p> <p style="text-align: center;">-OR-</p> <p><input type="checkbox"/> Total out-of-pocket tuition paid in academic year 2024-25:</p> <p>\$ _____</p> <p>Name of elementary/secondary school(s):</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Receipts and/or statements from school(s) for applicable academic year (2023-24 or 2024-25) indicating the amounts paid out-of-pocket and for whom
<input type="checkbox"/> Earnings from work under a cooperative education program (co-op) offered by a college included in your 2022 adjusted gross income	<p>Name of person who received co-op earnings in 2022:</p> <p>_____</p> <p>Name(s) of co-op employer(s) in 2022:</p> <p>_____</p> <p>_____</p> <p>Total amount of 2022 earnings <u>from co-op</u> experience(s) - refer to box 1 of your W-2(s) from co-op employer(s):</p> <p>\$ _____</p>	<input type="checkbox"/> All of your 2022 W-2(s) <input type="checkbox"/> Co-op position offer letter(s) from 2022 co-op employer(s)

CONTINUE TO NEXT PAGE TO SIGN CERTIFICATION STATEMENT→

HANDWRITTEN SIGNATURE(S) AND DATE(S) ARE REQUIRED BELOW.

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

CERTIFICATION STATEMENT: I (We) certify that all 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 - *use full legal name* _____ Date _____

Parent 1 Signature - *use full legal name* _____ Date _____

Parent 2 Signature (if applicable) - *use full legal name* _____ Date _____

TO RETURN THIS FORM:

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

For office use only

- Approved
- Denied _____
- _____

OSFA Signature _____ Date _____