

R
Student Rocket Number

Student Last Name

Student First Name



**2020-21
SPECIAL CIRCUMSTANCES APPLICATION**

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

This application is intended for undergraduate students only. 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 all required documentation is received, allow 6-10 business days for processing. Applications received from the beginning of 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, if necessary. This application and all required documentation must be received by the Office of Student Financial Aid no later than February 12, 2021, to receive consideration for the 2020-21 academic year.

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

CIRCUMSTANCES THAT WILL BE CONSIDERED:

- Loss of employment or an employment change resulting in a reduction in earnings
- One-time, lump sum 401(k)/pension withdrawal included in 2018 adjusted gross income that was used for extenuating circumstances such as natural disaster recovery, loss or damage to primary residence, funeral expenses, special travel/lodging for medical reasons, adult care costs, etc.
- Loss of unemployment or disability benefits
- Loss of untaxed income such as child support or workers' compensation
- Divorce or legal separation after the 2020-21 FAFSA was filed
- Death of a parent or spouse after the 2020-21 FAFSA was filed
- High unreimbursed medical and/or dental expenses incurred in 2019 or 2020
- Private elementary/secondary tuition or college tuition for a parent paid out-of-pocket in the 2019-20 or 2020-21 academic year

CIRCUMSTANCES THAT CANNOT BE CONSIDERED:

- 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

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

SECTION 2: ESTIMATED 2020 INCOME (JANUARY 1, 2020 THROUGH DECEMBER 31, 2020)

DEPENDENT STUDENTS: Provide information about you and the parent(s)/stepparent whose information was provided on the 2020-21 FAFSA.

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

SOURCE OF INCOME	PARENT 1	PARENT 2	STUDENT	SPOUSE
Gross wages, salaries, severance pay, tips	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Retirement benefits/pension	\$	\$	\$	\$
Workers' compensation	\$	\$	\$	\$
Other income: _____ _____	\$	\$	\$	\$

SECTION 3: SUPPORTING DOCUMENTATION

IMPORTANT: All verification requirements listed on the *myUT* portal under My Financial Aid>Check Eligibility Status>Student Requirements>Award Year 2020-21 must be completed prior to review of this Special Circumstances Application.

Check applicable circumstance(s)	Complete all blanks for each circumstance checked. <i>If additional space is needed, attach an additional page.</i>	Required Supporting Documentation Checklist Use this checklist to ensure that all required documentation is submitted with your application. "You" and "your" refers to the individual(s) who experienced the circumstance.
<input type="checkbox"/> Dislocated worker	Who has become a dislocated worker? _____ Last date worked: _____ / _____ / _____ Name of former employer(s): _____ _____ Has unemployment been received as a result? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Your (and your spouse's, if married) 2018 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2018 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2018 W-2s <input type="checkbox"/> Termination or layoff letter from your employer indicating a permanent closure or substantial layoff at a plant, facility, or enterprise <input type="checkbox"/> Unemployment benefits letter or claimant inquiry letter from the unemployment office that includes your weekly benefit amount, current eligibility status, and total 2020 year-to-date benefits received <input type="checkbox"/> Your (and your spouse's, if married) most recent 2020 pay stub(s) <input type="checkbox"/> If you were self-employed, a signed statement explaining the cause of unemployment and supporting documentation <input type="checkbox"/> If applicable, service member's orders showing a change in duty station
<input type="checkbox"/> Loss of employment resulting in total unemployment	Who has experienced the loss of employment? _____ Last date worked: _____ / _____ / _____ Name of former employer(s): _____ _____ Has unemployment been received as a result? <input type="checkbox"/> Yes <input type="checkbox"/> No Has severance pay been received as a result? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Your (and your spouse's, if married) 2018 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2018 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2018 W-2s <input type="checkbox"/> Termination or layoff letter from your former employer(s) stating the date employment ended and 2020 year-to-date earnings <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 2020 year-to-date benefits received <input type="checkbox"/> Final pay stub(s) from each former employer <input type="checkbox"/> If applicable, a signed statement indicating that you did not file for unemployment benefits

Check applicable circumstance(s)	Complete all blanks for each circumstance checked. <i>If additional space is needed, attach an additional page.</i>	Required Supporting Documentation Checklist Use this checklist to ensure that all required documentation is submitted with your application. "You" and "your" refers to the individual(s) who experienced the circumstance.
<input type="checkbox"/> Reduction in earnings	Who has experienced the reduction in earnings? _____ Date reduction in earnings began: _____ / _____ / _____ Name of current employer(s): _____ _____ Name of former employer(s), if applicable: _____ _____ Start date of new job, if applicable: _____ / _____ / _____	<input type="checkbox"/> Your (and your spouse's, if married) 2018 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2018 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2018 W-2s <input type="checkbox"/> Termination or layoff letter from your former employer stating the date employment ended and 2020 year-to-date earnings <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"/> Three or four of your most recent 2020 pay stubs from your former and current employer(s)
<input type="checkbox"/> Loss of unemployment benefits	Who has experienced the loss of unemployment benefits? _____ Date benefits began: _____ / _____ / _____ Date benefits ended: _____ / _____ / _____	<input type="checkbox"/> Your (and your spouse's, if married) 2018 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2018 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2018 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 2020 year-to-date benefits received
<input type="checkbox"/> One-time 401(k)/pension withdrawal included in 2018 adjusted gross income	Who received this income? _____ What were the funds used for? _____ _____ Were additional funds withdrawn in 2019 or 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Your (and your spouse's, if married) 2018 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2018 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2018 W-2s <input type="checkbox"/> Your (or your spouse's, if married) 2018 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) 2019 Federal Tax Return(s) with all schedules
<input type="checkbox"/> Death of spouse (after the FAFSA was filed)	Name of deceased: _____ Date of death: _____ / _____ / _____	<input type="checkbox"/> Your and your spouse's 2018 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your and your spouse's 2018 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your and your spouse's 2018 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: _____ / _____ / _____	<input type="checkbox"/> Your and your spouse's 2018 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your and your spouse's 2018 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your and your spouse's 2018 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 2020

Check applicable circumstance(s)	Complete all blanks for each circumstance checked. <i>If additional space is needed, attach an additional page.</i>	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>
<input type="checkbox"/> Loss of alimony	Date alimony began: _____ / _____ / _____ Date alimony ended: _____ / _____ / _____	<input type="checkbox"/> Your 2018 IRS Tax Return Transcript or a <u>signed</u> copy of your 2018 Federal Tax Return with all schedules <input type="checkbox"/> Your 2018 W-2s <input type="checkbox"/> Documentation of alimony received in 2020 and when it ended
<input type="checkbox"/> Loss of child support	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 of the emancipation of the child(ren) <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 2020
<input type="checkbox"/> Loss of disability benefits or workers' compensation benefits	Who experienced the loss of benefits? _____ Date benefits began: _____ / _____ / _____ Date benefits ended: _____ / _____ / _____	<input type="checkbox"/> Letter from employer stating the date disability benefits ended, 2020 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 2020 prior to termination
<input type="checkbox"/> Medical/dental expenses paid out-of-pocket (not paid by insurance)	Who paid the medical expenses? _____ Total out-of-pocket expenses paid in 2019: \$ _____ -OR- Total out-of-pocket expenses paid in 2020: \$ _____	<input type="checkbox"/> Your (and your spouse's, if married) 2018 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2018 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2018 W-2s <input type="checkbox"/> If Schedule A was not filed, submit an itemized list of medical/dental expenses paid out-of-pocket (not paid by insurance) in 2019 or 2020 <input type="checkbox"/> Paid receipts or canceled checks for each expense listed (an Explanation of Benefits [EOB] is <u>not</u> acceptable documentation)
<input type="checkbox"/> Private elementary/secondary tuition 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 2019-20: \$ _____ -OR- Total out-of-pocket tuition paid in 2020-21: \$ _____	<input type="checkbox"/> Your (and your spouse's, if married) 2018 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2018 Federal Tax Return(s) with all schedules <input type="checkbox"/> Your (and your spouse's, if married) 2018 W-2s <input type="checkbox"/> Receipts and statements from school(s) for the 2019-20 or 2020-21 academic year 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. Private school tuition paid for the entering University of Toledo student will <u>not</u> be considered.</i>

SECTION 4: HOUSEHOLD MEMBERS

DEPENDENT STUDENTS - List below your household members including:

- yourself,
- the parent who signed your FAFSA and his/her spouse, if married (FAFSA parents) **-OR-** the parent who signed your FAFSA and your other legal parent, if unmarried and living together (FAFSA parents),
- other children of your FAFSA parents, if your FAFSA parents will provide more than half of their support from July 1, 2020, through June 30, 2021, or the children would be considered dependent when applying for federal student aid, and
- other people, if they live with your FAFSA parents and will receive more than half of their support from your FAFSA parents from July 1, 2020, through June 30, 2021. *If additional space is needed, attach an additional page.*

INDEPENDENT STUDENTS - List below your household members including:

- yourself,
- your spouse (if you are married),
- your and your spouse's children, if you (or your spouse, if married) will provide more than half of their support from July 1, 2020, through June 30, 2021, or the children would be considered dependent when applying for federal student aid, and
- other people, if they live with you and your spouse, they receive more than half of their support from you and your spouse, and they will continue to receive this support from July 1, 2020, through June 30, 2021. *If additional space is needed, attach an additional page.*

FULL NAME OF EACH HOUSEHOLD MEMBER	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE (If the household member will be attending college at least half-time between July 1, 2020, and June 30, 2021, and will be enrolled in a degree, diploma, or certificate program)	ENROLLMENT STATUS (FT/HT/LHT) Indicate the enrollment status of the household members who will be attending college: FT (12 or more credit hours), HT (6-11 credit hours), or LHT (1-5 credit hours)

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

TO RETURN THIS FORM:

Upload to: *myUT.utoledo.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.

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