



Office of Student Financial Aid
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2009 – 2010 Special Circumstances Form

A family's 2008 total income is used in determining eligibility for student financial aid in the 2009-10 academic year. However, there are circumstances that drastically alter a family's financial picture and hinder a family's ability to assist in educational expenses. In such cases, the 2009 income may be utilized to assess financial need. ***Results from the 2009-10 Free Application for Federal Student Aid (FAFSA) must be on file with the University of Missouri – St. Louis Student Financial Aid Office before a Special Circumstance is considered.***

Student Information

Name: _____ Student #: _____

Address: _____
Street City State Zip Code

Phone #: _____

Parental Information (as indicated on the FAFSA)

Father/Stepfather Name: _____

Mother/Stepmother Name: _____

Parent's Address: _____
Street Phone

_____ City State Zip Code

Instructions:

- 1) Please indicate the reason(s) for your income reduction / extraordinary expense on page 2 and complete ALL sections on page 3, and attach the required documentation as indicated.
- 2) Complete the signature requirements on page 3 and write a brief summary of your special circumstances on page 4.
- 3) Student Financial Aid will finalize your appeal upon receipt of the Special Circumstances Form and the requested documentation. Please wait patiently while we process your request. Students normally receive an initial award letter based on the results of the original FAFSA data. We will begin processing appeals in April and should have results to you within 3-4 weeks.

OFFICE USE ONLY

Prior Year Special Circumstance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Not Eligible for Special Circumstance	_____
Special Circumstance Approved	_____
Special Circumstance Denied	_____
Old EFC _____ New EFC _____	Administrator _____ Date _____

Income Reduction Reason(s): Please indicate the reason for your change request. Mark all that apply and attach the required documentation.

Loss / Change in Employment

- Attach letter or notification from employer regarding loss of job or change in job status
- Copy of most recent paystub or statement of earnings for 2008 for you / your spouse, if applicable, or both parents
- Notice of application for Unemployment benefits, specifically, the Maximum Benefit Letter detailing the amount received
- Documentation of any other income received in 2008 for you / your spouse, or both parents. Attach copy of your 2008 federal income tax return and other appropriate documentation for one-time income received

Separation / Divorce

- Attach separation papers or agreement, divorce decree/settlement, or letter from a participating attorney or mediator stating marital status, OR if no formal agreement is initiated, please document separate residences
- Attach copies of your 2008 federal income tax return and either a state income tax return or W-2s

Death of Parent or Spouse

- Name and relationship to student _____
- Please provide the date of parent or spouse's death _____
- Attach copies of your 2008 federal income tax return and either a state income tax return or W-2s

One-time Income

- Provide the source, amount of income, and reason funds are not available for educational purposes in the *summary* section of this form _____
- Attach copy of your 2008 federal income tax return and other appropriate documentation for one-time income received

Loss of Benefits

- Child Support - Attach copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received.
- Social Security - Attach copy of notification of loss of social security income - include benefit ending date and monthly amount received.
- Unemployment Benefits - Attach copy of notification of loss of unemployment income stating benefit ending date and monthly amount received.

Other _____

- Please indicate the reason and provide the appropriate documentation

Extraordinary Expense(s): Please indicate the expense for which you are requesting consideration. Mark that which applies and attach the required documentation.

Medical / Dental (*Insurance premiums and expenses covered by insurance may not be included in this total*)

- Attach a copy of your and/or your parents' Schedule A of the 2008 Federal Income Tax Return or copies of PAID receipts of canceled checks incurred throughout 2008 (*expense must be reduced by 7.5% of the AGI*)

Elementary and Secondary Tuition Payments

- Include a signed statement, payment summary, or billing detail from the elementary or secondary school stating tuition paid or to be paid for the 2009-10 academic year minus any waiver, discount, or financial aid.

Childcare / Daycare Payments

- Include a signed statement, payment summary, or billing detail from childcare provider stating weekly childcare fee, amount subsidized by scholarship or State and/or Federal assistance programs, and the final weekly fee amount paid by the parent
- Indicate the first date your child was enrolled _____

Please provide the following household and income data.

Household Information: (Please include the Student & ALL other household members)

Name	Relationship to Student	Age	College/Elementary/Secondary School Attending
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Income Information

List the amount of all income you have actually received or will receive between January 1, 2009 and December 31, 2009. You must attach required documentation for each income source. Please refer to page 2 for potential documentation sources. Additional information may be requested on a case-by-case basis. **Please indicate \$0 in the box if a particular income or benefit does not apply.**

Income / Benefits for Jan 1, 2009 – Dec 31, 2009	Actual Income Received (Jan 1, 2009 to Today)	Anticipated Income (Today to Dec 31, 2009)	Total Income Received (Actual + Estimated)
Expected 2009 income earned from work by <i>Father</i> (wages, salaries, tips, net business / farm income)			
Expected 2009 income earned from work by <i>Mother</i> (wages, salaries, tips, net business / farm income)			
Expected 2009 income earned from work by <i>Student</i> (wages, salaries, tips, net business / farm income)			
Expected 2009 income earned from work by <i>Spouse</i> (wages, salaries, tips, net business / farm income)			
Unemployment Compensation received			
Other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, gambling earnings, etc) Source:			
Child Support received			
Housing or Other Allowances (clergy, military, etc)			
Other untaxed income (earned income credit, worker's compensation, payments to IRA/Keogh, etc) Source:			
Taxable Social Security Benefits			
Veteran's Non-Educational Benefits			
Total Income for 2009	\$	\$	\$

I certify that the information provided in this appeal is true and complete to the best of my knowledge. If my situation changes, then I am responsible for notifying the Student Financial Aid Office of any estimate changes. I also agree to provide additional proof of the information given if requested by Student Financial Aid. I understand that if the information is incomplete or lacks the required documentation, no action will be taken.

