

2014-2015 SPECIAL CIRCUMSTANCES FORM

STEP 1: STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork to Governors State University.
Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.

Student Name: _____ GSU ID # _____ Last 4 digits of SS#: _____
Please Print Last First

Permanent Home Address: _____
City State Zip Code

Student's Date of Birth: _____ Home Phone #: _____ Cell #: _____

STEP 2: WHAT YOU SHOULD DO

Complete this entire form and submit the following list of items according to your dependency status:

<i>Dependent Student (per the FAFSA)</i>	<i>Independent Student (per the FAFSA)</i>
<ul style="list-style-type: none"> <input type="checkbox"/> Complete and submit this entire form per the instructions with appropriate documentation. <input type="checkbox"/> Submit copies of all 2013 W-2 forms/benefit statements for you and your parent(s). <input type="checkbox"/> Submit a 2013 Tax Return Transcript for you and your parents if required to file. <input type="checkbox"/> Complete and submit a 2014-2015 Dependent Verification Worksheet. 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete and submit this entire form per the instructions with appropriate documentation. <input type="checkbox"/> Submit copies of all 2013 W-2 forms/benefit statements for yourself and (and spouse if married). <input type="checkbox"/> Submit a 2013 Tax Return Transcript for yourself (and spouse if married). <input type="checkbox"/> Complete and submit a 2014-2015 Independent Verification Worksheet.

This form is meant to be a one-time form, not one that is completed every year, except in rare cases. This form should only be completed by undergraduate students, as any changes for graduate and professional students would not change the award. As a general rule, the projected 2014 Adjusted Gross Income (AGI) should be at least 20% less than the actual 2012 AGI before submitting documentation for reasons C, D, or E.

STEP 3: INDICATE REASON(S) FOR CHANGE OF FINANCIAL SITUATION

- ___ A. Medical or dental expenses paid not covered by insurance and not claimed as a deduction on your Federal income tax return during 2013 (January 1, 2013 - December 31, 2013). As a general rule, these expenses should be at least 15% of your Adjusted Gross Income before submitting documentation. **Documentation required:** *2013 Tax Transcript and proof of payment such as canceled checks or receipts (please total amounts).*
- ___ B. If dependent, you or your parent(s) or if independent, you or your spouse had an IRA or pension in 2013 that was a rollover and the amount has been incorrectly listed on the 2014-15 FAFSA as untaxed income. **Documentation required:** *2013 Tax Transcript and supporting documentation from the bank, brokerage firm, etc. detailing the funds were a rollover.*
- ___ C. If dependent, your parent(s) or if independent, you or your spouse worked full-time in 2013 but lost his/her job and remained unemployed for at least 10 weeks during 2014 or [your parent(s) or if independent, you or your spouse were employed full-time in 2013, but now are only employed part-time in 2014]. **Documentation required:** *A statement from previous employer on company letter head indicating the first and last day of employment or in the case of reduced hours, a similar letter stating your hours have been reduced.*
- ___ D. If dependent, your parent(s) or if independent, you or your spouse worked full-time in 2013 but has been unable to pursue normal income producing activities for at least 10 weeks during 2014 due to a disability, etc

- ___ E. If dependent, your parent(s) or if independent, you or your spouse received untaxed income in 2013 and had a complete loss of one of the benefits for at least 10 weeks in 2013. This would include Child Support, Disability Benefits, Veterans Benefits, etc. **Documentation required:** *A written statement from the appropriate agency showing the date the benefit was lost.*
- ___ F. If dependent, your parent(s) or if independent, you or your spouse have become separated or divorced after submission of your original FAFSA. Please list the date of separation or divorce: ___/___/____. **Documentation required:** *Copy of the temporary separation order or divorce decree from the court and documentation such as lease, mortgage, etc. which shows two separate households.*
- ___ G. If dependent, your parent(s) or if independent, your spouse whose 2013 income was reported on the FAFSA has died after submission of the FAFSA application. **Documentation required:** *Death certificate.*

STEP 4: ANTICIPATED INCOME FOR 2014 (COMPLETE ONLY IF YOU CHECKED C, D, E, F or G above)

Anticipated Income for the 2014 calendar year (January 1, 2014 - December 31, 2014)				
Instructions: Answer EACH line with an amount or "zero" if it does not apply. If you checked the letter F, please give only the information of the custodial parent if Dependent, or if Independent, yourself. If you checked letter G, please give only the information of the surviving parent if Dependent, or Independent, yourself. If Independent, and married, please include your and your spouse's anticipated income. You will need to do this for each person whose financial data is included on the FAFSA, except as noted per the instructions above regarding if you checked letter F or G.				
Taxable Income From Wages	Father	Mother	Student	Student spouse
Document gross wages earned through today's date _____ <i>Provide copy of most recent pay statement</i>				
Estimate anticipated wages from today's date through Dec. 31, 2014 <i>Please document how it was calculated</i>				
Other taxable income				
Unemployment income to date and anticipated in 2014. <i>Provide copy of monthly statement</i>				
Severance, paid time off or vacation pay out (if not included in gross wages)				
Taxable pension <i>Provide copy of monthly statement.</i>				
Taxable income from 401K disbursements or other existing assets. <i>Include year to date disbursements and anticipated disbursements.</i>				
Types of Untaxed Income				
Housing allowance for military or clergy.				
Workers compensation. <i>Provide copy of monthly statement.</i>				
Untaxed disability income. <i>Provide copy of monthly statement.</i>				
Child support received for all members of your household.				
Untaxed Pension <i>Provide copy of monthly statement</i>				
Other untaxed income (List the source) _____				

STEP 8: CERTIFICATION AND SIGNATURES

Each person signing this form certifies that all of the information reported on it is complete and correct.

Student Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Parent / Spouse Signature

Date