

2016-2017 SPECIAL CIRCUMSTANCES FORM

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.

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.

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 #: _____

WHAT YOU SHOULD DO

Complete this entire form and submit the following list of items:

- Provide a detailed **written description of the circumstance**
- Submit copies of all **2015 W-2 forms/benefit statements for you and your parent(s) or spouse.**
- Submit a **2015 Tax Return Transcript** for you and your parents (or spouse) if required to file.
- 2016-2017 Dependent or Independent Verification Worksheet.**
- Proof of Illinois Residency** since 9/1/2015, supply driver's license or utility bill.
- 2016 YTD and/or last paycheck stub** from all employers for you and your parents (or spouse)

INDICATE REASON(S) FOR CHANGE OF FINANCIAL SITUATION and provide additional documentation. (If you have a circumstance not listed, please make an appointment with a Financial Aid Advisor to discuss the situation).

- ___ A. If dependent, your parent(s) or if independent, you or your spouse worked full-time in 2015 but lost his/her job and remained unemployed for at least 10 weeks during 2016 or [your parent(s) or if independent, you or your spouse were employed full-time in 2015, but now are only employed part-time in 2016]. **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.*
- ___ B. If dependent, your parent(s) or if independent, you or your spouse received untaxed income in 2015 and had a complete loss of one of the benefits for at least 10 weeks in 2015. 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.*
- ___ C. 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.*
- ___ D. If dependent, your parent(s) or if independent, your spouse whose 2015 income was reported on the FAFSA has died after submission of the FAFSA application. **Documentation required:** *Death certificate.*

CERTIFICATION AND SIGNATURES

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

Student Signature Date

Parent / Spouse Signature Date

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