



CHATFIELD COLLEGE
Student Financial Services Office

Special Circumstances Application 2010-11

Name _____

SS# _____

Sometimes families experience unusual financial circumstances, which change their actual income from what is reported on their financial aid application. Circumstances such as loss of a job, loss of untaxed income or benefits, death, separation or divorce usually cause this loss of income to occur. These changes may allow the Financial Aid Office to recalculate the financial aid eligibility based on expected or estimated income instead of actual income. These losses of income must be **INVOLUNTARY** unless otherwise stated.

EVERY STUDENT MUST COMPLETE SECTIONS A, B, AND C (both sides of the form) and SUBMIT THE APPROPRIATE DOCUMENTATION BEFORE CONSIDERATION WILL BE GIVEN TO A SPECIAL CIRCUMSTANCE.

SECTION A: Check the circumstance which pertains to you or others in your household. Provide any additional documentation along with the application. The application will NOT be considered without the documentation.

- _____ 1. Student, spouse, or parents of a dependent student has experienced a loss of income for 10 or more weeks during the academic year due to layoff or termination. (MUST submit proof of loss of employment, i.e. layoff papers or unemployment papers with date of termination or letter on letterhead from employer.)
- _____ 2. Reduction or loss of income by a student who left full-time employment (35+ hours per week) to pursue schooling. (MUST submit letter from employer on letterhead showing that the student was full-time prior to schooling.)
- _____ 3. Reduction or loss of child support for 10 or more weeks during the academic year. (Provide documentation of the date the loss began.)
- _____ 4. Loss of unemployment benefits. (Provide documentation from Ohio Bureau of Employment Services verifying loss of benefits.)
- _____ 5. You or your parents have separated or divorced SINCE originally completing the financial aid application. (Provide proof of separation or divorce.)
- _____ 6. Student, spouse, or parent of a dependent student has experienced a loss of income for 10 or more weeks during the academic year due to disability or illness. (Provide doctor or employer statement indicating the dates of unemployment.)
- _____ 7. If there is another situation BEYOND YOUR CONTROL which caused you, your spouse, or your parents to experience a loss of income during the academic year, please explain the situation in complete detail on a separate piece of paper. This loss must be INVOLUNTARY. Submit appropriate documentation to verify the situation.
- _____ 8. Parent of dependent student will be in college during the 2010-11 academic year as at least a half-time (6 credit hours or more) student. (Must provide copy of parent's official schedule or a letter on college letterhead indicating enrollment status.)

The Financial Aid Office has the right to require additional documentation. The final decision is with the Director of Financial Aid.

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SECTION B: Expected income information for 2010-11 academic year

Taxable Income: Enter the total gross taxable income (before exemptions or deductions) you, your spouse, or your parents expect to receive from January 1, 2010 to December 31, 2010. DO NOT PROVIDE WEEKLY OR MONTHLY AMOUNTS. PROVIDE YEARLY TOTALS ONLY.

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|---|----------|
| 1. Student's wages, tips, and salaries* | \$ _____ |
| 2. Spouse's wages, tips, and salaries | \$ _____ |
| 3. Father's wages, tips, and salaries | \$ _____ |
| 4. Mother's wages, tips, and salaries | \$ _____ |
| 5. Student and Spouse unemployment | \$ _____ |
| 6. Father and Mother unemployment | \$ _____ |
| 7. Pensions and annuities received | \$ _____ |
| 8. Alimony to be received | \$ _____ |
| 9. Other taxable income (specify) _____ | \$ _____ |

*Income losses by a dependent student do not qualify for consideration.

Untaxed Income: Enter the total yearly amount of untaxed income you, your spouse, or your parents will receive from January 1, 2010 to December 31, 2010. DO NOT PROVIDE WEEKLY OR MONTHLY AMOUNTS. PROVIDE YEARLY TOTALS ONLY.

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|--|----------|
| 1. Social Security Benefits received by the student, spouse, parent, or other dependents | \$ _____ |
| 2. Child Support received | \$ _____ |
| 3. Retirement or disability compensation | \$ _____ |
| 4. Worker's Compensation | \$ _____ |
| 5. ADC or AFDC or TANIF | \$ _____ |
| 6. Welfare other than ADC, AFDC, or TANIF | \$ _____ |
| 7. Assistance from family members | \$ _____ |
| 8. Other untaxed income or benefits
(please specify) _____ | \$ _____ |

SECTION C: Certifications

By signing this form, I certify that the information included on this form is true to the best of my knowledge. I agree to provide Chatfield College with updated information if my financial circumstances change from what is reported on this form. I also understand that if I provide false or misleading information, I may be subject to a fine, a prison sentence or both.

_____ Student's signature	_____ Date	_____ Spouse's signature	_____ Date
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_____ Mother's signature	_____ Date	_____ Father's signature	_____ Date
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Please complete this form, collect all necessary documentation, and return it to the Financial Aid Office for Special Circumstance evaluation

For Office Use Only:

_____ Approved by Financial Aid Director	_____ Date
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