

2019-2020  
Austin Peay State University  
**SPECIAL CIRCUMSTANCES REQUEST**

Name: \_\_\_\_\_ APSU Student ID #: A \_\_\_\_\_

The 2019-2020 FAFSA, which must be processed prior to the submission of this form, is based on 2017 income information. This form allows the Office of Student Financial Aid to update your income information to accurately reflect your current financial status. This may help you lower your Expected Family Contribution (EFC), which is used in calculating need-based aid.

Complete Sections 1 – 5.

**Section 1.**

Check that you understand the items below.

- I understand Special Circumstances will not be reviewed until *all* required supporting documentation has been submitted.
- I understand additional documentation may be requested upon review. Check your AP e-mail/OneStop for notification of additional documents.
- I understand Special Circumstances **require** an appointment with my Financial Aid Counselor. I will contact the Office of Student Financial Aid to schedule my appointment.
- I understand that upon submission of *all* required documents, Special Circumstance requests are reviewed within 3-5 weeks.

**Section 2.**

Check the reason for the Special Circumstance (continued on the next page):

- Loss of Employment/Income** – My household has experienced a significant reduction in income. Initial all applicable sections in **Tax Information** and **Employment Status** below.

**Tax Information:**

- \_\_\_ I, my spouse, or my parent(s) filed a 2017 tax return. I have attached applicable tax return transcripts.  
\_\_\_ I, my spouse, or my parent(s) did not file a 2017 tax return. I attached applicable 2017 W-2's or 1099's.

**Employment Status:**

- \_\_\_ If separation from employment occurred, I have attached a letter from previous employer(s) stating the final date of employment (must include name of employer and contact information). If military, provide a DD214.  
\_\_\_ I, my spouse, or my parent(s) are still receiving income. I have attached the most recent paystub(s) or LES. I have also attached documentation for any additional expected income.  
\_\_\_ I, my spouse, or my parent(s) are receiving unemployment. I have provided documentation of benefits received.

Date the loss of income occurred: \_\_\_\_\_

Explain your circumstances below. If needed, attach a separate sheet.

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Check the reason for the special circumstance (continued from the previous page):

- Divorce or Separation**– Select this if you or your parent has become divorced or separated in 2018 or 2019. Initial all applicable lines in **Separation Information**, **Tax Information**, and **Employment Status** below.

**Separation Information:**

\_\_\_ I have attached a copy of the divorce decree, proof of separation, or letter from attorney, pastor, commanding officer, or other professional advisor.

**Tax Information:**

\_\_\_ I or my custodial parent filed a 2017 tax return. I have attached applicable tax return transcripts.

\_\_\_ I or my custodial parent did not file a 2017 tax return. I attached applicable 2017 W-2's or 1099's.

**Employment Status:**

\_\_\_ I am, or my custodial parent is, receiving income. I have attached the most recent paystub(s) or LES. I have also attached documentation for any additional expected income, such as child support.

\_\_\_ I am, or my custodial parent is, receiving unemployment. I have provided documentation of benefits received.

Date the divorce or separation occurred: \_\_\_\_\_

Explain your circumstances below. If needed, attach a separate sheet.

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- Death of Parent or Spouse** – Select this if your parent or your spouse passed away in 2017 or afterward. Initial all applicable lines in **Verifying Information**, **Tax Information**, and **Employment Status**.

**Verifying Information:**

\_\_\_ I have attached a copy of the death certificate.

\_\_\_ If insurance benefits or social security benefits were received, I have attached documentation.

**Tax Information:**

\_\_\_ I or my surviving parent filed a 2017 tax return. I have attached applicable tax return transcripts.

\_\_\_ I or my surviving parent did not file a 2017 tax return. I attached applicable 2017 W-2's or 1099's.

**Employment Status:**

\_\_\_ I am, or my surviving parent is, receiving income. I have attached the most recent paystub(s) or LES. I have also attached documentation for any additional expected income such as child support.

\_\_\_ I am, or my surviving parent is, receiving unemployment. I have provided documentation of benefits received.

Date of decease: \_\_\_\_\_

Explain your circumstances below. If needed, attach a separate sheet.

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**Section 3.**

Provide estimated income for your household for one year, beginning with the date the reduction in income occurred. Provide supporting documentation for all income listed.

**Do not leave any sections blank.**

	<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
<u><b>Taxed Income</b></u>	<b>Yearly Income</b>	<b>Yearly Income</b>	<b>Yearly Income</b>	<b>Yearly Income</b>
Gross Income from work	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____	\$ _____	\$ _____
Taxable pensions/annuities	\$ _____	\$ _____	\$ _____	\$ _____
Severance pay	\$ _____	\$ _____	\$ _____	\$ _____
Alimony/spousal support	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
<u><b>Untaxed Income</b></u>				
Military BAS	\$ _____	\$ _____	\$ _____	\$ _____
Welfare benefits or Families First	\$ _____	\$ _____	\$ _____	\$ _____
Untaxed pensions/annuities	\$ _____	\$ _____	\$ _____	\$ _____
Veterans Affairs Disability Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Worker's comp./employer disability	\$ _____	\$ _____	\$ _____	\$ _____
IRA/KEOGH contributions	\$ _____	\$ _____	\$ _____	\$ _____
Clergy and housing	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
<u><b>Child Support</b></u>				
Child Support <b>received</b>	\$ _____	\$ _____	\$ _____	\$ _____
Child Support <b>paid</b>	\$ _____	\$ _____	\$ _____	\$ _____

**Section 4.**

Complete each column below with the name, age and relationship of each person that can be included in the household size, as defined below. Indicate whether or not the household member will attend college (do not include college for parents) at least half-time as a degree-seeking student between July 1, 2019 and June 30, 2020.

- **Yourself:** Even if you do not live with your parents.
- **Spouse:** If you are married.
- **Your parents (if Dependent):** Include stepparent, if the parent on the FAFSA has remarried. If your biological parents are not married, but live together, you must include both of them in the household.
- **Your parents' other children (if Dependent):** If your parents will provide **more than half of their support** from July 1, 2019 through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019-2020.
- **You or your spouse's children (if Independent):** If you or your spouse will provide more than half of their support from July 1, 2019 through June 30, 2020.
- **Other people:** If they now live in your household and if you (or your parents, if Dependent) provide **more than half** of their support and will continue to provide more than half of their support through June 30, 2020.

Full Name	Age	Relationship	College or University at which Other Dependents will Attend At Least Half-Time
		Self/Student	Austin Peay State University

