

2019-2020 Special Circumstance Application for Dependent Undergraduate Students

According to federal laws and regulations, a family's 2017 income is used to assess financial need for the 2019-2020 school year. If a family's 2018 income is lower, due to special circumstances, a financial aid administrator may be able to use 2018 income to assess financial need. Your special circumstance application will be returned if all requested information outlined is not provided. Special circumstances, if accepted, may result in an increase in need-based loans, student employment, or in certain cases, additional grant assistance. *Processing time for special circumstance appeals is typically 2-4 weeks.*

Student Information				
Last Name	First Name	M.I.	ID Number	
Permanent Street Address		City	State	Zip Code
Phone Number	E-mail Address			

NOTICE TO PARENT(S): Regardless of your particular situation, all Special Circumstances Applications must include a copy of the parents' 2017 federal tax return transcript, **and** W-2 statements for any parent/stepparent listed on the federal tax transcript. Please include Schedule A from your federal tax return if you itemize your deductions.

- Check this box if you have already provided our office with a copy of your 2017 federal tax return transcript or used the IRS Data Retrieval Tool to transfer 2017 tax data to the FAFSA.

SECTION 1: CHANGE IN HOUSEHOLD SIZE that occurred after filing your FAFSA

DEATH OF PARENT/GUARDIAN

- Please provide a written statement indicating your parent's name and date of death.

DIVORCE OR SEPARATION OF PARENTS

- Attach a copy of the divorce decree or proof of separation (e.g., court order, statement from attorney or clergy).
- Attach a written statement identifying the custodial parent. Also provide the names, ages, and the relationship of the family members that the custodial parent will support through June 30, 2020.
- Indicate the amount the non-custodial parent will/has provide(d) toward your college costs at St. Thomas for the 2019-2020 school year. \$_____

SECTION 2: EDUCATIONAL EXPENSES

PRIVATE TUITION EXPENSES AT ELEMENTARY OR SECONDARY SCHOOL

- Attach a copy of the tuition statement for either the 2017-18 or 2018-19 school year, outlining costs and financial aid awarded, for **each** dependent child attending private elementary or secondary school (do not include expenses for the child who will be enrolling in college in 2019-2020).
- If your parents are divorced or separated, and the non-custodial parent provides assistance toward the private tuition at the elementary or secondary school(s), provide a statement indicating the amount of assistance.

PARENTS' PERSONAL COLLEGE LOAN PAYMENTS

- Attach a written statement indicating the college loans your parents are repaying, and a copy of the billing statement or payment coupon. Include only the loans your parents have borrowed for their own educational expenses and the monthly amount due.

PARENT ATTENDING COLLEGE IN 2019-2020

College costs can only be taken into consideration if the parent is enrolled at least half-time *and* in a program that leads to a degree or certificate.

- Provide name of college parent (will) attend(s) _____
- Provide proof of registration/admission from the college parent (will) attend(s).
- Attach a tuition fee statement or a cost worksheet outlining the tuition/fees parent will be assessed in 2019-2020.
- Indicate the amount your parent's employer will provide towards their college costs for the 2019-2020 school year. \$_____
- If your parent is applying for financial aid or is receiving assistance from an agency (e.g., rehabilitation services, job partnership training act, veteran's benefits, etc.) please provide written documentation from the school and/or funding agency.

OVER

Return this form, with attachments, to:
University of St. Thomas
Financial Aid Office, Mail 5007
2115 Summit Ave., St. Paul, MN 55105-1096
(651) 962-6550 or 1-800-328-6819, Ext. 2-6550 / Fax: (651) 962-6599

SECTION 3: MEDICAL/DENTAL/DEPENDENT CARE EXPENSES not reimbursed or covered by insurance

- Provide a signed statement itemizing 2017 or 2018 **out-of-pocket** medical, dental or dependent care expenses you paid (not reimbursed by insurance or by employer’s pre-tax cafeteria plan) for health/dental insurance premiums, doctor, hospital, medication, dependent care, nursing home expenses, etc. Please total all expenses after they are detailed.

SECTION 4: REDUCTION IN EARNINGS OR LOSS OF OTHER INCOME

REQUIRED ITEMS

Regardless of the cause of the income loss, all applications must include:

- A written statement explaining the cause, approximate start date, and expected duration of the loss of income. Please provide any details that will help our staff understand how your financial situation has changed.
- A complete Parent Income Source Table (below). Be sure to include all income sources and provide written notes if the receipt of projected income is uncertain in amount or dependent on other factors.
- Parents’ most recent paystubs (2 minimum) from all employers (if applicable). Please indicate on the paystub the length of the pay period (e.g. weekly, bi-weekly, monthly).

Failure to provide any of the above items will delay the processing of your request.

SECONDARY DOCUMENTATION

Please provide a photocopy of additional documentation where appropriate. Some examples include but are not limited to:

- Unemployment benefits summary received from the state job service office
- A letter from a physician detailing a disability and prognosis
- A lay-off notice from an employer or details of a severance package
- A notice regarding bankruptcy or foreclosure of a family business/farm

CHANGES TO INCOME INELIGIBLE FOR REVIEW

In general, we do not consider changes to income due to loss of overtime, one-time bonuses, withdrawal from retirement accounts, or gambling winnings or losses.

Parent Income Source Table	2018 Actual:	2019 Estimated:
Mother’s gross earnings from work (wages, salary, tips, etc.)*		
Father’s gross earnings from work (wages, salary, tips, etc.)*		
Business/Farm Income		
Interest/Dividend Income. Specify source and value: _____ \$ _____		
Unemployment Compensation		
Severance Pay		
Capital Gains		
Spousal Maintenance		
Child Support		
Taxable Social Security Benefits		
Worker’s Compensation		
Short-term or Long-term Disability Benefits		
Withdrawal from retirement account		
Other Income (pension, annuity, rental income, housing allowance, bonuses, etc.)		

*Attach most recent paystub(s) for you and your spouse when submitting your appeal.

Section 5: Sign this Worksheet

By signing this worksheet, I certify that all the information reported on it is complete and correct. *WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.*

X

Parent Signature	Date
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