



# 2011-2012 Unusual Circumstances Form Parent

Applications take  
2 – 4 weeks to process.

Date received: \_\_\_\_\_  
Received by: \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_ **G00** \_\_\_\_\_  
LAST FIRST MI Student ID

**ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP

**PHONE NUMBER:** \_\_\_\_\_ **DATE** \_\_\_\_\_

You have indicated that the information you provided on your Free Application for Federal Student Aid (FAFSA) does not accurately reflect your current financial situation. This form allows you to request a review of your special circumstance not addressed on your 2011-2012 FAFSA.

**BEFORE YOU BEGIN**

Please note that if you have not completed a FAFSA for 2011-2012, this form will not be accepted. A FAFSA must be completed, and the student's financial aid award must be determined, before the Financial Aid Office can evaluate this form.

**I am requesting consideration of Special Circumstances due to Income Reduction regarding** (check all that apply and fill in appropriate section):

- A. Loss of employment or other income due to layoff or forced reduction in hours (Parents)**
- B. Loss of Income due to divorce or legal separation (Parents)**
- C. Loss of income due to death of spouse (Parents)**
- D. Loss of one-time income (Parents)**
- E. Medical Care Expenses (Parents)**

<b>A. Change in Income: Loss of job or other income in 2011</b>	<b>Parent Information section</b>
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1. Attach all of the following:
- Letter of explanation. Please explain in detail how your income was changed in 2011.
  - Complete a 2011-2012 Verification Worksheet (Dependent) and attach a copy of your parent's 2010 Federal Income Tax Return and asset information worksheet. Untaxed/Taxed income year to date statement.
  - Photocopy of your most recent pay stubs and/or your W-2 statement for 2011.
  - Letter from your parent's current and/or previous employer verifying your total expected 2011 gross earnings, and the date(s) employment began and ended (if applicable).
  - Complete all items listed below. Include all parent's 2011 income to date and expected income for the remainder of 2011.

TYPE OF INCOME:		TOTAL income received in 2011:	Expected income for the remainder of 2011:
<b>Estimated 2011 gross income from work:</b> Provide annual amounts:	Father	\$	
	Mother	\$	
<b>Estimated other 2011 taxable income:</b> Provide annual amounts:	Unemployment compensation	\$	
	Capital gains	\$	
	Dividend/interest income	\$	
	Other:	\$	
<b>Estimated 2011 untaxed income:</b> :Provide annual amounts:	Workman's Compensation	\$	
	Untaxed Pensions	\$	
	Child Support Received	\$	
	Other	\$	
<b>GRAND TOTAL:</b>		\$	

**B. Divorce/Separation:** which occurred after the 2011-2012 FAFSA was completed. Parent information

1. Complete Section A, Change in Income.
2. Complete a 2011-2012 Verification Worksheet (Dependent or Independent) and attach a copy of you and your parents 2010 Federal Income Tax Return and asset information worksheet.
3. Indicate the date of separation or divorce: \_\_\_\_\_.
4. Attach a photocopy of your Divorce Decree or Statement of Separation (if available).

**C. Death of Spouse:** Which occurred after the 2011-2012 FAFSA was completed. Parent information

1. Complete Section A, Change in Income.
2. Attach a photocopy of your Parent's Death Certificate.
3. Complete a 2011-2012 Verification Worksheet (Dependent or Independent) and attach a copy of you and your parents 2010 Federal Income Tax Return and asset information worksheet.

**D. Parent's Loss of One-Time Income (January-December 2011)**

1. Complete a 2011-2012 Dependent Verification Worksheet and attach a copy of you and your parents 2010 Federal Income Tax Return and asset information worksheet.
2. Letter of explanation (*Statement of fact*) detailing the nature of the one-time income (amount received, why it is one-time, etc.).

**E. Medical care/Dental expenses** Parent information

We will only consider expenses already **PAID** directly by your parents. Unusual or unexpected medical expenses must be over and above typical health maintenance cost due to an unexpected, extraordinary, non-recurring emergency or incident. We assume that you will have medical coverage and only those costs not covered by insurance or other agencies will be considered. **Expenses must be at least 11% of your adjusted gross income,**

1. A statement from physician that documents an unusual medical condition or disability.
2. Copies of receipts or canceled checks must accompany billing statements for all appropriate bills. Billing statements must clearly indicate portions that have been paid by your insurance or other agency.
3. Complete a 2011-2012 Dependent Verification Worksheet and attach a copy of you and your parents 2010 Federal Income Tax Return and asset information worksheet.
4. Your current 2011 paystub and a projection of 2011 income yet to be earned through December 2011.

**CERTIFICATION**

I/we certify that the information and documentation provided is true and correct I/we understand that income or expenses not documented will not be considered. I/we further understand that if this appeal is based on projected year income, I/we may, at some point, be required to provide additional information to confirm projected-year income. I/we also understand that if 2011 actual income varies from the 2011 projected income, the financial aid award may be adjusted and I/we may be responsible for repaying any overpayment of aid received. I/we understand that this is an appeal for consideration and submission does not constitute and/or guarantee approval.

*The most common reason for delays in reviewing this request is insufficient documentation. Please make sure to provide the most recent documentation available.*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:**

AGI _____	Student Income Tax Paid _____	Father's Income \$ _____
Mother's Income _____	Other _____ \$ _____	Other _____ \$ _____
Approved _____	Denied _____	Pending _____
EC Processed _____	New EFC _____	Old EFC _____
Correction processed: ____/____/____		New ISIR received: ____/____/____
Financial Aid Director: _____		Date: _____