

Hiram College
Office of Financial Aid
PO Box 67
Hiram, OH 44234
330-569-5107
330-569-5499 (fax)

2007-2008 SPECIAL CIRCUMSTANCE FORM

You have recently made the Financial Aid Office aware or you have determined that your family's financial situation has changed from what was reported on the 2007-2008 Free Application for Federal Student Aid (FAFSA). Please complete and attach all requested documentation to this form and return it to the Financial Aid Office so that your request for special conditions may be considered. Once your request has been evaluated, you will be notified in writing of the results. Submission of this information does not guarantee that any change in your financial aid will occur. All requests are handled on a case-by-case basis. If you have any questions, please feel free to contact us.

Please be sure to answer all parts of this form and attach all requested documentation. Failure to do so will delay your request.

Student Name: _____

SSN: _____

STUDENT ID# _____

PART 1: SUMMARY OF SPECIAL CIRCUMSTANCES

Please summarize your special circumstances below providing as much (financial) information as possible.

PART 2: Submit the following documentation according to the special circumstance that applies for 2007:

Layoff: provide a letter from employer stating effective date and anticipated return, and last pay stub indicating year-to-date earnings.

Plant closing: provide a letter from employer stating effective date and final pay stub indicating year-to-date earnings.

Employment termination: provide a letter from employer stating effective date. If this is not available, provide documentation from local unemployment office. In addition, provide final pay stub(s) indicating year to date earnings from all employers in 2007.

Divorce or separation (student or dependent student's parents): provide copy of court order showing dates of separation or divorce.

Death of parent or spouse: provide copy of death certificate.

Loss of alimony: provide court documents stating termination date of benefit.

Loss of unemployment benefits: provide a letter from the unemployment office stating termination date of benefit and documentation of total benefits to be received in 2007.

Loss of social security benefits: provide Social Security Administration notification of termination of benefits and documentation of total benefits to be received in 2007.

Loss of child support: provide a letter or court document stating termination date of benefits and documentation of total benefits to be received in 2007.

Loss of worker's compensation: provide a letter from Bureau of Worker's Compensation stating termination date of benefits and documentation of total benefits to be received in 2007.

Loss of other taxed or untaxed income: please specify and provide appropriate documentation: _____

Private elementary and secondary school costs for student's siblings: provide documentation of tuition expenses on school letterhead to be **paid** (minus any financial assistance received) between July 1, 2007 and June 30, 2008.

Medical expenses not covered by insurance: provide copies of medical bills **paid** in 2006 or copy of schedule A (itemized deductions) from 2006 Federal Tax Form 1040 if amount paid is listed on line 1 of that form.

PART 3: HOUSEHOLD INFORMATION- List all members of your (your parents') household (July 1, 2007 to June 30, 2008):

Name	Relationship to Student	Age	Name of College(if attending at least ½ time)
1)	Student		
2)			
3)			
4)			
5)			
6)			

PART 4: 2006 FEDERAL TAX RETURN(s) & 2006 UNTAXED INCOME

All tax filers must attach **signed and dated** copies of their 2006 federal tax return (1040, 1040A, 1040EZ, or foreign income tax return) and W-2 (s). If you did not keep a copy of your return, you may request a copy or a transcript of your return that lists tax return information from the IRS at 1-800-829-0922 or www.irs.ustreas.gov.

Check the box for each person who did not and was not required to file a 2006 federal income tax return:

student student's spouse student's (step)father student's (step)mother

2006 Income Information	Student/Spouse	Parent(s)
Total income earned from work		
Total child support received for all family members		
Untaxed Social Security benefits for all family members		
Welfare, including TANF (ADC/ADFC)		
Payments to tax-deferred pension and savings plans including box 12a-12d of W-2, codes D,E,F,G,H & S.		
Worker's compensation		
Housing, food and other living expenses paid to members of the military, clergy and others		
Veterans non-education benefits, such as Death Pension or Dependency & Indemnity Compensation		
Any other untaxed income and benefits Explain:		

PART 5: 2007 ESTIMATED INCOME INFORMATION

Enter the total yearly income that you (and your spouse), or you (and your parent/s) expect to receive from January 1, 2007 to December 31, 2007 from the sources indicated below. **If a question does not apply to you, write zero in the answer space.** If you (the student) have indicated loss of income, complete the required sections under the Student/Spouse column. If the parent of a dependent student has indicated loss of income, complete the required sections under the Parent(s) column.

Estimated 2007 Taxable Income		Student/Spouse	Parent(s)
Wages, salaries, tips	Father/Student		
	Mother/Spouse		
Pensions and annuities			
Interest/dividend income/capital gains			
Business and/or farm income			
Alimony			
Unemployment			
Other taxable income (specify source)			

Estimated 2007 Untaxed Income	Student/Spouse	Parent(s)
Untaxed Social Security Benefits		
Worker's Compensation		
Payments to tax-deferred pensions and savings plans		
Deductible IRA and/or Keogh payments		
Untaxed portions of pensions (excluding rollovers)		
Tax-exempt interest income		
Welfare benefits, ADC/AFDC (not food stamps)		
Child support received for all family members		
Other untaxed income and benefits (specify source)		
Estimated 2006 Income Exclusions	Student/Spouse	Parent(s)
Child support expected to pay in 2007		
Federal Work Study expected to earn in 2007		
Education tax credits (Hope/Lifetime Learning) expected to receive in 2007		

PART 6: CERTIFICATION STATEMENT

All of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide further proof of the information I have given on this form. I understand that if I purposely give false or misleading information, I may be subject to a fine, prison sentence, or both.

Student's Signature

Date

Spouse's Signature (if applicable)

Date

Parent(s) Signature (if student is dependent)

Date

FINANCIAL AID OFFICE USE ONLY		
Special circumstance: APP _____ DEN _____ REASON: _____		
BY: _____ DATE: _____		
ADJUSTMENTS MADE:	STUDENT/SPOUSE	PARENTS
AGI:		
TAX:		
UNTAXED INC:		
INC EXCLUSIONS:		

This document was created with Win2PDF available at <http://www.daneprairie.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.