

2017-18 Special Circumstance Form



Minot State UNIVERSITY

If your family situation has changed significantly from the information you were required to provide on the 2017-18 FAFSA, your 2015 income may not be an accurate indicator of your family's ability to contribute to your educational costs. In some cases, MSU Financial Aid may be able to make an adjustment based on your 2016 actual income or projected 2017 income rather than 2015 income information. Complete and return this form to the Financial Aid Office if you, your spouse, or a parent has incurred an unusual expense or unusual change in income.

A. Student Information

Last Name	First Name	MI	Date of Birth	Student ID
Address (include apartment number)			Email Address	
City	State	Zip	Phone Number	
Who incurred the unusual expense or circumstance? Student _____ Spouse _____ Father _____ Mother _____				
Indicate amount of additional funding you are requesting: \$ _____				

B. Documentation

Supporting documentation that verifies your unusual expense or circumstance must be attached. See page 2 for required documentation. Forms submitted with incomplete documentation will not be processed.

Please check all circumstances you would like to have considered from the list below.

- | | |
|--|---|
| <input type="checkbox"/> Childcare expense | <input type="checkbox"/> Housing Costs |
| <input type="checkbox"/> Computer purchase | <input type="checkbox"/> Commuting Expense |
| <input type="checkbox"/> Death of parent | <input type="checkbox"/> Separation or Divorce |
| <input type="checkbox"/> Loss of benefits | <input type="checkbox"/> Liquidation or Foreclosure of Assets |
| <input type="checkbox"/> Roth IRA rollover | <input type="checkbox"/> Loss of Income/Employment |
| <input type="checkbox"/> Parent enrolled in college | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Elementary/Secondary School Tuition | <input type="checkbox"/> Other _____ |

C. Loss of Income/Employment (Complete this section if your Special Circumstances includes a loss of income AND your 2017 income will be less than your 2016 income.)

Projected income from January 1, 2017 to December 31, 2017	Student	Spouse	Parent 1 Income List Parent Name: _____	Parent 2 Income List Parent Name: _____
2017 Gross Earnings from Work	\$	\$	\$	\$
2017 Unemployment Benefits	\$	\$	\$	\$
2017 Child Support Received	\$	\$	\$	\$
2017 Worker's Compensation	\$	\$	\$	\$
2017 Other Income:	\$	\$	\$	\$

D. Sign and Date This Worksheet

All the information provided by the undersigned is true and complete to the best of my/our knowledge. I/we further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties.

Student Signature

Date

Parent Signature

Date

E. Required Documentation

Special Circumstance	Documentation
Child Care Expense	Letter listing: <ol style="list-style-type: none"> Name and age of dependent(s) Hourly rate paid Total monthly cost Name & address of provider
Housing Costs	<ol style="list-style-type: none"> Copy of rental agreement or mortgage payment Copy of most recent monthly utility bills
Computer Purchase	Copy of purchase order or receipt for purchase of a computer (purchased between August 2017 and May 2018)
Commuting Expense	Letter listing: <ol style="list-style-type: none"> Number of miles traveled each day and how many days you travel Where you are traveling from
Death of a Parent	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Relationship of deceased to the student Copy of obituary Copy of 2016 federal tax return and W2s
Separation or Divorce	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Revised household members Copy of divorce decree or proof of separation Copy of 2016 federal tax return and W2s
Loss of Benefits	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Whose benefit(s) was terminated Amount of benefit(s) received for last two years Reason for termination Copy of document from provider stating termination Copy of 2016 Federal tax return and W2s
Liquidation or Foreclosure	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Type of asset liquidated Gross sales proceeds List of where proceeds were applied Copy of foreclosure notice Copy of 2016 federal tax return and W2s
Roth IRA Rollover	<ol style="list-style-type: none"> Copy of documents from investment agency verifying the rollover of pension or IRA to a Roth IRA Copy of 2015 federal tax return and W2s
Loss of Employment	<ol style="list-style-type: none"> Letter listing <ol style="list-style-type: none"> Who lost employment and when Reason for loss of employment Income earned and untaxed income (Worker's Compensation, unemployment benefits, disability benefits, etc) to date of termination (per family member)) Projected income and untaxed income to the end of 2017 Copy of last pay stub from all employers for 2017 Copy of 2015 federal tax return and W2s Copy of 2016 federal tax return and W2s
Parent Enrolled in College	Letter listing: <ol style="list-style-type: none"> Which parent is enrolled Number of enrolled credits Enrollment verification form from the college showing that parent is enrolled ½ time or greater in a degree granting program
Medical Expenses	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Who incurred the expense(s) List of medical expenses incurred (only paid bills will be considered) Copy of Explanation of Benefits from insurance provider Copy of medical bills
Elementary/Secondary School Tuition	Letter listing: <ol style="list-style-type: none"> Person for whom tuition is being paid Copy of tuition contract

Forms can be mailed, emailed, faxed or dropped off at the address listed.

Minot State University, Financial Aid Office, 500 University Ave W, Minot ND 58707

Phone: 1-800-777-0750 or 701-858-3375 Fax: 701-858-4310 • E-mail: financialaid@minotstateu.edu