Occasionally, families may experience unusual circumstances that affect their ability to pay for educational expenses. Federal regulations governing financial aid are quite specific about what can, and cannot, be taken into consideration toward a re-evaluation of the “Expected Family Contribution” (EFC). The purpose of a Special Circumstance application is to update the 2014 information submitted on the Free Application for Federal Student Aid (FAFSA) to the anticipated 2015 information. Once this update is complete, an adjustment to your Expected Family Contribution (EFC) may be made. **These adjustments will only be made if the 2015 anticipated income is less than the 2014 income information reported on your FAFSA,** or because of a change in information about a parent in college, out of pocket medical expenses and/or educational expenses. **We suggest that you make university payment arrangements prior to the processing of your Special Circumstance Application as adjustments to your EFC may not result in additional financial aid.**

**THE FOLLOWING MUST BE INCLUDED WITH YOUR APPLICATION**

| Dependent students must submit the following documents for themselves and their parent(s). |
| Independent students must submit the following documents for themselves and their spouse. |
| ✓ Appropriately completed or signed copy of the Dependent or Independent Verification Worksheet. |
| ✓ A signed copy of your 2014 Tax Transcript with all pages and schedules attached. |
| ✓ A copy of your 2014 W-2s |
| ✓ Copy of most recent/last paycheck stub. Write frequency of pay on stub (i.e. biweekly/monthly). Paycheck stubs are not needed for medical/educational expenses or parent in college |
| ✓ Documentation that verifies all untaxed income reported on the 2015-2016 FAFSA (e.g. alimony, child support, disability) |

The goal of the office is to process applications within 4-6 weeks from the date all required documents are received.

Special circumstances that we will consider for re-evaluation are as follows:

- **Layoff/Termination/Reduced Hours or Wages for at least 10 weeks prior to application. Required Documentation:** Letter from your employer stating the effective date of layoff/termination and last day paid. If laid off, letter should include anticipated date of return. If reduced hours/wages, letter should state when the reduction began and how many hours you will be working for the remainder of the year. If you are receiving unemployment/severance etc., please include documentation of total payments anticipated/received between Jan – Dec 2015.
- **Loss of Alimony/Child Support/Social Security/Unemployment (monies received in 2014 that decreased or ceased in 2015). Required Documentation:** If loss of alimony/child support, submit recent court documentation such as a divorce decree or termination order stating the effective date and the total amount received/anticipated between Jan – Dec 2015. If loss of social security/unemployment, submit letter from Agency stating last date of payment and total amount received/anticipated from Jan-Dec 2015.
- **Divorce/Death of Parent or Spouse after you filed the FAFSA. Required Documentation:** If divorce, submit court documentation such as a divorce decree or separation agreement stating effective date of new situation. If you are receiving alimony or child support, please include documentation of total payments anticipated/received between Jan – Dec 2015. In the death of a parent/spouse, please submit a copy of the Death Certificate.
- **Parent in College enrolled in a degree or cert. at least half-time (6 undergraduate/4 graduate credit hours). Required Documentation:** Submit a copy of parent’s class registration and a receipt indicating amount paid or amount financed for specified term that is not covered by any tuition reimbursement plan or programs.
- **Medical/Dental Expenses or Elementary/Secondary Tuition Expenses. Required Documentation:** Medical/dental expenses paid must exceed at least 10% of total 2014 income. If medical/dental expenses, submit copy of 1040 Schedule A or canceled checks for expenses paid by you that are not covered by insurance. If elementary/secondary tuition expenses, submit letter from school stating amount paid between Jan – Dec 2014.

**Please Note:** Changes in employment (e.g., loss of job, loss of overtime, change in job) **which occur after June 30, 2015 are not eligible** for consideration during the 2015-2016 academic year. All such changes will be reflected in the aid eligibility formula upon submission of the Free Application for Federal Student Aid (FAFSA) for the 2016-2017 academic year.
Financial Aid Office
2015/16 SPECIAL CIRCUMSTANCE Application

Student:____________________________________ Eastern ID:____________________________________

Address:___________________________________________________________
Street     City    State   Zip

Daytime Telephone Number:___________________________ Eastern Email: __________________________

1. Check the reason(s) you are applying for Special Circumstance Reevaluation. Please refer to the information sheet for the documentation required for each special circumstance. Required information must document income received/anticipated between January 1, 2015 – December 31, 2015.
   □ Layoff/Termination/Reduced Hours or Wages
   □ Loss of Alimony/Child Support/Social Security/Unemployment
   □ Divorce/Death of Parent or Spouse
   □ Parent in College
   □ Medical/Dental Expenses or Elementary/Secondary Tuition Expenses

2. PLEASE PROVIDE A BRIEF EXPLANATION OF SPECIAL CIRCUMSTANCE (include dates):
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

3. 2015 PROJECTED INCOME/ BENEFITS
   Use the chart below to enter the total yearly income that you, your spouse, your parent(s) expect to receive from January 1, 2015 through December 31, 2015. If the answer to an item is none, write $0.

Please attach documentation for all amounts listed below with this application.

<table>
<thead>
<tr>
<th></th>
<th>Student/Spouse</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wages/salaries/tips</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/01/15 to Date of Application</td>
<td>$ (student)</td>
<td>$ (father)</td>
</tr>
<tr>
<td>Date of Application to 12/31/15</td>
<td>$ (student)</td>
<td>$ (father)</td>
</tr>
<tr>
<td><strong>Wages/salaries/tips</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/01/15 to Date of Application</td>
<td>$ (spouse)</td>
<td>$ (mother)</td>
</tr>
<tr>
<td>Date of Application to 12/31/15</td>
<td>$ (spouse)</td>
<td>$ (mother)</td>
</tr>
<tr>
<td><strong>Other taxable income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(interest, dividends, alimony, net business/farm income, capital gains, pensions, annuities, etc.)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Other untaxed income &amp; benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(untaxed interest, untaxed &amp; taxed deferred pensions, welfare, deductible IRA/Keough payments, etc.)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Child support paid</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(do not include for children claimed as part of household)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Continued on reverse side
4. Will you receive any of the following benefits during 2015? ___Yes ___No
(If yes, please provide documentation and complete the following.)

— 2015 estimated unemployment benefits $______________
— 2015 estimated social security benefits (for all family members) $______________
— 2015 estimated worker’s compensation $______________
— 2015 estimated child support received (for all family members) $______________

5. NON-FILING STATEMENT
Complete this section only if student, student’s spouse, or student’s parent(s) DID NOT FILE A
TAX RETURN. If you received a 2014 IRS W-2 or 1099, provide a copy with this form.

________________________________________       _____________________________________________
Student Signature   Date       Student’s Spouse’s Signature   Date

________________________________________     _____________________________________________
Father’s Signature   Date       Mother’s Signature    Date

6. CERTIFICATION STATEMENT
All information on this application is true and complete to the best of my knowledge. If requested, I agree to provide
further documentation to substantiate the information provided. I understand that any false information may result in
cancellation of any current or future financial aid award(s) and that I may be required to repay any financial aid that
was awarded based on the recalculation of the Expected Family Contribution (EFC).

_________________________________________      ___________________________________________
Student Signature   Date        Spouse Signature    Date

________________________________________
Parent Signature   Date
(If student is dependent)

NOTICE: In order to be considered for any adjustments that may occur with financial aid, the student must be initially
awarded their 15/16 financial aid package, enrolled and meet all compliances when the Special Circumstance
Application is processed.

Processing of this application takes at least 4-6 weeks from the time all required documents have been received in the Financial Aid and Veterans Affairs Office. You will be notified by mail and through ECSU student e-mail of any
adjustments made to your Expected Family Contribution and/or Financial Aid Award. You can access your account to
view specific changes made to your award at http://eweb.easternct.edu

Mail to: Eastern Connecticut State University
Financial Aid and Veterans Affairs Office
Attn: Special Circumstances Committee
83 Windham Street
Willimantic, CT 06226

Phone: (860) 465-5205
Fax: (860) 465-2811
Location: Wood Support Services Center
Email: financialaid@easternct.edu
Website: www.easternct.edu/finaid

For Office Use Only:  Tracking Code: SPECRC
Application Received __/__/__       Application Decision __Approved __Denied
Required Documentation Received __/__/__       Original EFC ______   Revised EFC ______