



EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

Financial Aid and Veterans Affairs Office (Financial Aid, Student Employment, Veterans Benefits)

2009/10 SPECIAL CIRCUMSTANCE INFORMATION SHEET

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 information submitted on the Free Application for Federal Student Aid (FAFSA) from the 2008 to the projected 2009 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 2008 income information reported on your FAFSA is more than your anticipated 2009 income** with the exception of a parent in college, out of pocket medical expenses, and educational expenses. **We suggest that you make university bill payment arrangements prior to the processing of your Special Circumstance Reevaluation request, in that 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.

- ✓ A signed copy of your 2008 Federal Income Tax Return with all pages and schedules attached.
- ✓ A copy of your 2008 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 2009/2010 FAFSA (e.g. alimony, child support, disability)
 - Tax returns filed by a preparer must include an EIN or preparer's signature and social security number
 - IRS Tax Form 8453 or 8879 is not acceptable

The Application Deadline is December 31, 2009. 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 2009.
- **Loss of Alimony/Child Support/Social Security/Unemployment (monies received in 2008 that decreased or ceased in 2009).** **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 2009. If *loss of social security/unemployment*, submit letter from Agency stating last date of payment and total amount received/anticipated from Jan-Dec 2009.
- **Divorce/Separation/Death of Parent or Spouse after you filed the FAFSA.** **Required Documentation:** If *divorce/separation*, 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 2009. 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 2008 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 2008.



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Financial Aid and Veterans Affairs Office
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2009/10 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 see refer to the information sheet for the documentation required for each special circumstance. Required information must document income received/anticipated between January 1, 2009 – December 31, 2009.

- Layoff/Termination/Reduced Hours or Wages
Loss of Alimony/Child Support/Social Security/Unemployment
Divorce/Separation/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):

Blank lines for explanation of special circumstance.

3. 2009 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, 2009 through December 31, 2009. If the answer to an item is none, write \$0.

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

Table with columns for Student/Spouse and Parents, and rows for Wages/salaries/tips, Other taxable income, Other untaxed income & benefits, and Child support paid.

4. Will you receive any of the following benefits during 2009? ___Yes ___No
(If yes, **please provide documentation and complete the following.**)

- 2009 estimated unemployment benefits \$_____
- 2009 estimated social security benefits (for all family members) \$_____
- 2009 estimated worker's compensation \$_____
- 2009 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 2008 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 (If student is dependent)	_____ Date		

NOTICE: The deadline for submitting this application is **December 31, 2009**. In order to be considered for any adjustments that may occur with financial aid, the student must be 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 _____