

INDEPENDENT STUDENT
2008-2009 PETITION FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES
RESULTING IN REDUCED INCOME FOR 2008

Name _____ SSN _____

Email: _____

LOSS OF EMPLOYMENT:

The student worked full time (at least 35 hours/week) for at least 30 weeks in 2007 but is not working full time now.

Student's effective date of unemployment: _____

The student's spouse worked full time in 2007 but has lost his/her job for at least 10 weeks in 2008.

Spouse's effective date of unemployment: _____

RELEASE FROM ACTIVE DUTY:

* The student served on active duty for at least 30 weeks in 2007 but has since been released and is not working now. *Student's effective date of release per DD214:* _____

* The student's spouse served on active duty for at least 30 weeks in 2007 but has since been released and is not working now. *Spouse's effective date of release per DD214:* _____

***Please attach copy of DD214 for documentation**

LOSS OF EARNINGS DUE TO DISABILITY OR NATURAL DISASTER OCCURRING IN 2007 OR 2008:

The student (or spouse) earned money in 2007 but has not been able to earn money in the usual way for at least 10 weeks in 2008. This must have been because of either a disability or a natural disaster that happened in 2007 or 2008.

Effective date of disability or natural disaster: _____

LOSS OF UNTAXED INCOME OR BENEFIT:

The student (or spouse) received unemployment compensation or some untaxed income or benefit in 2007 but has completely lost that income or benefit for at least 10 weeks in 2008. The untaxed income must be from a public or private agency, from a company, or from a person because of a court order.

Effective date of loss of untaxed income or benefit: _____

SEPARATION OR DIVORCE:

The student has already applied for Federal student aid but has separated or been widowed or divorced since that time.

[] separated [] divorced [] widowed Effective date: _____

DEATH OF SPOUSE OR DEPENDENT STUDENT'S LAST SURVIVING PARENT:

The student has already applied for Federal financial aid for the 2008-2009 school year, but since that time the student's spouse (who earned money in 2007) has died.

The student has already applied for Federal financial aid for the 2008-2009 school year as a dependent student, but, since that time, the student's last surviving parent has died.

OTHER: (DOCUMENTATION MUST BE PROVIDED)

Your family has tuition expenses at an elementary or secondary school.

Total expenses = _____

Your family has unusual medical or dental expenses not covered by insurance.

Total expenses = _____

You have unusual circumstances not covered in this form that would affect your eligibility for student financial aid.

INDEPENDENT STUDENT EXPECTED 2008 INCOME

Documentation of earnings from work received to date for 2008 and documentation of expected earnings if available should be submitted to provide documented support of income estimates. Documentation of benefits received or to be received, such as disability, unemployment, etc. should be submitted.

2008 total number of exemptions (include all family members you will claim) _____

<u>2008 EXPECTED Taxable income:</u>	<u>by STUDENT</u>	<u>by SPOUSE</u>	<u>TOTAL</u>
2008 Income earned from work	\$ _____	\$ _____	\$ _____
2008 Unemployment Benefits	\$ _____	\$ _____	\$ _____
2007 Earned Income Credit/Addtl Child tax credit from 2007 tax return	\$ _____	\$ _____	\$ _____
2008 Workers Comp Benefits	\$ _____	\$ _____	\$ _____
2008 Alimony Received	\$ _____	\$ _____	\$ _____
2008 Expected AGI (Total of columns)	\$ _____	\$ _____	\$ _____
2008 U.S. Income Tax paid	\$ _____	\$ _____	\$ _____

2008 EXPECTED Untaxed income & benefits:
(Use ANNUAL TOTALS ONLY, combined for STUDENT AND SPOUSE)

- Annual Social Security benefits \$ _____ total estimated for 2008
- Annual AFDC/TANF benefits \$ _____ total estimated for 2008
- Annual Child support received for all children \$ _____ total estimated for 2008
- Annual disability benefits \$ _____ total estimated for 2008

OTHER untaxed income and benefits

Please describe:

- _____ \$ _____ total estimated for 2008
- _____ \$ _____ total estimated for 2008
- _____ \$ _____ total estimated for 2008

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of my financial aid and repayment of funds received.

Student's Signature _____ **Date** _____

Student's Name _____ **ID or SSN** _____

