

Office of Student Financial Aid  
 University of Minnesota, Crookston  
 170 Owen Hall, 2900 University Ave.  
 Crookston, MN 56716  
 Phone: 218/281-8569  
 Fax: 218/281-8575

According to federal laws and regulations, a family's 2008 income is used to assess financial need for the 2009-2010 school year. If a family's income is lower due to special circumstances, a financial aid administrator may be able to use the 2009 income or projected income to assess financial need. Please provide information regarding your reduction in income by completing this form.

<b>Student Information</b>			
Student's Name (last, first, mi)	Birthdate	Social Security Number	Student ID number
Spouse's Name (last, first, middle initial)		Social Security number	
Address (street or P.O. box number, city, state, ZIP)			Phone Number

This application should be used by independent students whose financial situation has changed and 2008 tax information does not accurately reflect the family's current financial condition. This change may be due to loss of job, separation or divorce, disability, death, unusual expenses, or other circumstances.

As you may be aware, financial aid eligibility for 2009-2010 is calculated based on the students 2008 federal income tax returns. Therefore, before a request for special consideration will be reviewed by UMC, the student must make application for federal financial aid using the FAFSA and using 2008 tax information. After completing and mailing the FAFSA, you may then complete this application if you (spouse) wish to apply for the review of your special circumstances. Return this application to the Office of Student Financial Aid, 170 Owen Hall, 2900 University Ave, Crookston, MN 56716.

## **NEEDED DOCUMENTATION**

Depending on the circumstance, various documents are needed to support your situation. For the financial aid office to approve a request for special consideration, documentation must be thorough and complete. It is the student's responsibility to provide all needed documentation to support their special circumstance. Provide any documentation you feel would help support your situation.

Please check which situation applies to your circumstance and provide the necessary documentation:

- ❑ **For ALL circumstances** – A detailed statement describing the situation. On an additional piece of paper, describe in detail the situation which is causing you to apply for special consideration. Be concise, and include the date when the situation you are describing occurred.

Date when situation described occurred: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

- ❑ **For loss of job** – A letter from the former employer or other documentation of loss of job and a letter from a pastor, counselor, accountant, attorney or other professional attesting to the loss of job. This situation must be in effect for at least **three months** before a change in circumstances will be considered.
- ❑ **For unusual medical expenses** – A detailed explanation of the situation, copies of all expense receipts and insurance papers, and an itemized listing showing type of expense and the total amount you have paid.
- ❑ **For loss of unemployment benefits** – A statement from the Employment commission showing amount of benefits received, dates received, and date terminated.
- ❑ **For divorce or separation** – Copy of divorce documents or a notarized statement attesting to; the separation, date of separation or divorce, and a separation of income statement (including 2008 Federal Tax return and W-2's).
- ❑ **For disability** - Statement from physician as to nature and condition of disability and date disability began.
- ❑ **For death** – A copy of official death certificate.
- ❑ **Other** -Please submit documentation that you believe is appropriate for your situation.

It is impossible to list all situations and the documentation needed. The financial aid office reserves the right to request additional documentation at its discretion. You will be notified if other items are needed.

**EXPECTED 2009 TAXABLE AND NONTAXABLE INCOME AND BENEFITS**

If circumstances changed during 2009, complete both of the sections (Gross Taxed and Untaxed) below with income (prior to exemptions, adjustment, or deductions) your family expects to receive from January 1, 2009 until December 31, 2009. IF NONE, ENTER ZEROS. If circumstances changed during 2010, please complete both of the sections below with income your family expects to receive from January 1, 2010 until December 31, 2010. IF NONE, ENTER ZEROS.

2009/2010 GROSS TAXED INCOME	STUDENT INCOME	SPOUSE INCOME
1. Wages, salaries, tips	\$ _____	\$ _____
2. Severance pay	_____	_____
3. Pensions and annuities	_____	_____
4. Interest and dividend income	_____	_____
5. Business or farm income	_____	_____
6. Capital gains	_____	_____
7. Alimony which will be received	_____	_____
8. Unemployment which will be received	_____	_____
9. Any other taxed income	_____	_____
10. Income received from rents after expenses paid for mortgage	_____	_____
<b>TOTAL 2009/2010 GROSS TAXED INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

EXPECTED 2009/2010 UNTAXED INCOME	STUDENT INCOME	SPOUSE INCOME
1. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portion 401 (k) and 403(b).	\$ _____	\$ _____
2. Social Security benefits (SSI or disability) received by student, children, or spouse, if married	_____	_____
3. Retirement or disability benefits	_____	_____
4. Workers' compensation	_____	_____
5. Welfare benefits incl. AFDC or ADC (excluding food stamps)	_____	_____
6. Untaxed portions of pensions	_____	_____
7. Living and housing allowances (excluding rent subsidies for low income housing) for clergy, military, and others (include cash payments or cash value of benefits. Child support or maintenance payments which will be received for ALL children	_____	_____
8. Cash support or money paid on student's behalf	_____	_____
9. Veterans benefits except student's educational benefits	_____	_____
10. Railroad Retirement benefits	_____	_____
11. Any other untaxed income and benefits such as Black Lung Benefits, Refugee Assistance, etc.	_____	_____
<b>TOTAL 2009/2010 UNTAXED INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

Don't include: money from financial aid, food stamps, "rollover" pensions, Veterans educational benefits (GI Bill, DEAP, VEAP).

**PLEASE TURN OVER- Application will not be processed without signature**

We (I) certify, by signing below, that all of the information reported on this application is true and complete to the best of our knowledge. If asked by a financial aid administrator, **we (I) agree to provide proof of the information we have reported**, including but not limited to copies of 2008 federal tax returns, W-2 forms and schedules. We (I) also understand that failure to provide any documentation requested will result in denial of this application.

<b>Certification</b>	
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.	
Student Signature	Date Signed
Spouse's Signature	Date Signed

**OFFICE USE ONLY**

Action taken \_\_\_\_\_ FAA signature \_\_\_\_\_ Date \_\_\_\_\_

New AGI: \_\_\_\_\_ New tax paid \_\_\_\_\_

Untaxed income \_\_\_\_\_ New student income \_\_\_\_\_

Old EFC: \_\_\_\_\_ New EFC: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student notified on \_\_\_\_\_ Method of notification \_\_\_\_\_