Special Circumstances – Dependent 2010-2011

Student Name____________________________________    CCSU ID No.__________________

Telephone No___________________________   Email Address___________________________

This form is to request special consideration for assistance due to change in income of the parents for 2010 or the estimated income for 2010 will be significantly less than the 2009 income reported on the 2010-11 FAFSA. Do not submit this request if the FAFSA Estimated Family Income (EFC) is zero. You must attach a signed copy of the parent’s 2009 Federal Income Tax Return and all schedules, W-2 statements, and the other documents indicated below for the circumstance.

Your request will be reviewed for approval or denial with notification to follow.

☐ Check the circumstance which applies to you:

☐ One of the student’s parents (or stepparent) who earned money in 2009 has lost his or her job for at least ten (10) weeks in 2010. Enter only the number of weeks in 2010 that your parent has already been out of work.

  Weeks unemployed in 2010__________  Date parent last employed__________

  Required Documents: Letter or document from employer indicating termination date, severance pay, pay stub showing year-to-date earnings, and unemployment statements.

☐ One of the student’s parents (or stepparent) who earned money in 2009 has been unable to earn money in his or her usual way for at least ten (10) weeks in 2010. This must be the result of either a disability or natural disaster that happened in 2009 or 2010. Enter only the number of weeks in 2010 that your parent has been unable to earn money in his or her usual way.

  Date parent was last employed________  Date disabled________    Number of weeks disabled in 2010________

  Required Documents: Copies of last pay stub and disability claim form.

☐ One of the student’s parents (or stepparent) who received employment compensation or some other benefits has completely lost that income or benefit for at least ten (10) weeks in 2010. The untaxed income or benefit may be from a public or private agency, a company, or a person because of a court order and may include Social Security, child support, workman’s compensation, retirement, disability, and public assistance – town, city, or state. Enter only the number of weeks in 2010 that the parent has not received these kinds of income or benefits.

  Weeks without benefits in 2010__________  Last date benefits received________

  Required Documents: Copy of termination notice; verification of total benefits received in 2010.

☐ Your parents have separated or divorced after filing the FAFSA. If this is not a legal separation, provide evidence of separate domiciles. (Do not include any income of non-custodial parent on the Expected Income Worksheet on the next page.)

  Required Documents: Copy of separation papers or divorce decree.

☐ The student has already completed the FAFSA, and since that time, one or both parents has died. (Do not include any income of the deceased parent(s) on the 2010 Expected Income Worksheet on the next page.).

  Required Documents: Copy of certified death certificate(s).
Parents (or Stepparent) 2010 Expected Income

Please complete this form listing only parental taxed and untaxed expected income in 2010. If the answer is zero or does not apply enter zero “0”, but enter an amount for all items otherwise your appeal will be considered incomplete and returned to you.

A. Parents’ 2010 Expected Taxed Income:

1. Total wages earned: Father (stepfather) - $__________
   Mother (stepmother) - __________
2. Interest & Dividend Income
3. Alimony
4. Business & Farm Income
5. Capital Gains
6. IRA Distributions
7. Pensions & Annuities Distributions
8. Real Estate, Partnerships, Trusts
9. Unemployment Compensation
10. Other Taxed Income:__________________

Total Expected Taxed Income   $__________

B. Parents’ 2010 Expected Untaxed Income

1. Social Security $__________
2. Welfare (Town, City, State)
3. Child Support
4. Deferred Payments to Pension & Savings
5. Worker’s Compensation
6. Retirement
7. Cash support; money paid on your behalf
8. Other Untaxed Income:__________________

Total Expected Untaxed Income $__________

Total Expected Taxed/Untaxed Income $__________

The information provided for this special consideration request including all of the required documents are complete and true. We understand that upon approval of this request, some types of aid funds may not be available for awarding.

______________________________        ________________________
Student Signature                   Date

______________________________        ________________________
Parent Signature                   Date

(For Financial Aid Office Use Only)

Reviewed by______________________________        Date____________________

☑ Approved ☐ Denied   Comments______________________________