

Office of Student Financial Aid

Middle Tennessee State University
 218 Cope Administration Building
 Murfreesboro, TN 37132
 615-898-2830 (Office)
 615-898-5167 (Fax)



2009 - 2010 Special Circumstances Request

Student Name: _____ **MTSU ID Number:** M_____

Address: _____
 Street/P.O. Box City State Zip

Email Address: _____@mtsu.edu **Phone:** (____) _____ - _____

You may request a review of your circumstances if you or your family experiences one of the extreme circumstances listed below. You will be notified of a decision within 4-6 weeks from receipt of all documentation requested.

Please include all 2008 U.S. Income Tax documents and the appropriate 2009 – 2010 Verification Worksheet in addition to the required documentation listed below.

<i>Extreme Circumstance</i>	<i>Examples of Documentation</i>
<input type="checkbox"/> Significant Loss of Income/Loss of Employment *Student, Parent(s), Spouse <u>Note:</u> Requests involving self-employment, commission, tips, or other variable income will be reviewed at the end of the 2009 year due to the complexity of estimating yearly income. <u>Please Read:</u> Income estimates for 2009 must be based on accurate household income. Requests may be delayed until the end of 2009 or until the affected member has obtained employment.	<input type="checkbox"/> Last pay stub from previous employment. Date of unemployment: ____/____/_____ <input type="checkbox"/> Current pay stub of affected person. Date of new employment: ____/____/_____ <input type="checkbox"/> Most recent pay stub for spouse of affected family member. <input type="checkbox"/> Proof of unemployment (Letter from former employer). <input type="checkbox"/> Proof of unemployment benefits Date benefits began: ____/____/_____ <input type="checkbox"/> Proof of severance package benefits. <input type="checkbox"/> Proof of pension income.
<input type="checkbox"/> Death of a Parent or Spouse <input type="checkbox"/> Separation/Divorce of Parent or Student	<input type="checkbox"/> Death certificate or obituary notice. <input type="checkbox"/> Most recent pay stub of surviving parent/spouse. <input type="checkbox"/> Life insurance benefits statement. <input type="checkbox"/> Final divorce decree. <input type="checkbox"/> Legal complaint for divorce. <input type="checkbox"/> Proof of separation (2 separate addresses). <input type="checkbox"/> Most recent pay stub from student and parent.
<input type="checkbox"/> Out-of-Pocket Medical Expenses <u>Note:</u> These are expenses not paid by your insurance provider.	<input type="checkbox"/> Copies of Explanations of Benefits (EOB). <input type="checkbox"/> Proof of out-of-pocket payment (check stubs, receipts, etc.) <input type="checkbox"/> Proof of disability income for disabled person. <input type="checkbox"/> 2008 Schedule A from 2008 U.S. Income Tax Return.
<input type="checkbox"/> Loss of Child Support Income <input type="checkbox"/> Loss of Social Security Income.	<input type="checkbox"/> <u>Proof</u> and <u>amount</u> of court ordered child support. <hr/> <input type="checkbox"/> Benefits statement (SSA – 1099M). <input type="checkbox"/> Form SSA – 1387 or 1372 showing loss of social security income.

Estimate of 2009 Income

Please Note: Complete the following charts listing all income from January 2009 – December 2009. You must accurately complete the following charts before your request will be reviewed.

<u>Estimated 2009 Taxable Income</u>	<u>Father</u>	<u>Mother</u>	<u>Student</u>	<u>Spouse</u>
Yearly wages, salaries, and tips	\$ _____	\$ _____	\$ _____	\$ _____
Yearly severance pay	\$ _____	\$ _____	\$ _____	\$ _____
Yearly pensions and annuities	\$ _____	\$ _____	\$ _____	\$ _____
Yearly interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Yearly business & farm income	\$ _____	\$ _____	\$ _____	\$ _____
Yearly capital gains	\$ _____	\$ _____	\$ _____	\$ _____
Yearly rents from rental property	\$ _____	\$ _____	\$ _____	\$ _____
Yearly alimony	\$ _____	\$ _____	\$ _____	\$ _____
Yearly unemployment benefits	\$ _____	\$ _____	\$ _____	\$ _____
Yearly other taxable income	\$ _____	\$ _____	\$ _____	\$ _____
Total 2009 Taxable Income	\$ _____	\$ _____	\$ _____	\$ _____

Estimated 2009 Untaxed Income

Yearly payments to retirement plans	\$ _____	\$ _____	\$ _____	\$ _____
Yearly child support for all children	\$ _____	\$ _____	\$ _____	\$ _____
Yearly payments to pension/savings	\$ _____	\$ _____	\$ _____	\$ _____
Yearly work-study earnings	\$ _____	\$ _____	\$ _____	\$ _____
Yearly veteran's benefits	\$ _____	\$ _____	\$ _____	\$ _____
Yearly social security benefits	\$ _____	\$ _____	\$ _____	\$ _____
Yearly retirement income	\$ _____	\$ _____	\$ _____	\$ _____
Yearly disability income	\$ _____	\$ _____	\$ _____	\$ _____
Yearly workers compensation	\$ _____	\$ _____	\$ _____	\$ _____
Yearly AFDC or ADC	\$ _____	\$ _____	\$ _____	\$ _____
Yearly living and housing allowance for clergy, military, etc. (Includes BAS/BAQ cash allotments)	\$ _____	\$ _____	\$ _____	\$ _____
Yearly financial support paid on the student's behalf	\$ _____	\$ _____	\$ _____	\$ _____
Yearly other untaxed income	\$ _____	\$ _____	\$ _____	\$ _____
Total 2009 Untaxed Income	\$ _____	\$ _____	\$ _____	\$ _____

Please initial to indicate your understanding of the following statements:

- I understand the Special Circumstance process is based upon the above estimated income for 2009 and if my estimates are off by more than \$3,000, I may be denied future adjustments.
- I understand that I must inform the MTSU Financial Aid Office if my circumstances change for the current year.
- I understand that my FAFSA data may be verified as part of this process.
- I understand that this process could take 4-6 weeks before I receive a decision.
- I understand I may be required to repay any and all financial aid received as a result of the special circumstances process if I falsify information.
- I understand that additional information maybe required after initial documentation is submitted.

Student Signature

Date

Parent/Spouse Signature

Date