You must complete the 2019-2020 FAFSA at [www.fafsa.gov](http://www.fafsa.gov) before completing the Special Circumstances Form. Changes made by the Office of Financial Aid Services based on special circumstances may or may not increase your grants and/or scholarships.

**Please Note:**
- Appeals submitted without sufficient supporting documentation will be denied without an option to resubmit an appeal.
- Do not include original documents. They will not be returned. Be sure that all copies are legible.

**SPECIAL CONDITION**
(Please check one)

<table>
<thead>
<tr>
<th>For a Dependent Student</th>
<th>For an Independent Student</th>
<th>REQUIRED DOCUMENTATION (ALL DOCUMENTS MUST BE SIGNED)</th>
</tr>
</thead>
</table>
| ☐ Loss of Employment (Minimum 20% reduction of 2017 income – must be documented for a minimum of 10 weeks) Must be Involuntary | You and/or your parent(s)’ income earned in 2019 will be less than what was earned in 2017. | Complete copies of:  
  - Typed or Written explanation of Special Circumstance  
  - Student/Parent/Spouse’s 2017 IRS Tax Transcripts  
  - W-2 Wage Transcripts for Student/Parent/Spouse for 2017  
  - Last pay stub(s) that reflects most current monthly income or other similar documentation from all employers showing current year-to-date earnings for student/parent/spouse  
  - Termination notice from employer  
  - Unemployment Benefit letter or statement of denial of benefits  
  - Unemployment must be Involuntary |
| ☐ Other Loss of Income  
  * AFDC/TANF  
  * Child Support  
  * Disability payments  
  * Worker’s Compensation  
  * Other untaxed income | * You and/or your parent(s)’ received benefits in 2017 which have ceased or been reduced in 2019. | Complete copies of:  
  - Typed or Written explanation of Special Circumstance  
  - Student/Parent/Spouse’s 2017 IRS Tax Transcripts  
  - W-2 Wage Transcripts for student/parent/spouse for 2017  
  - Last pay stub or other similar documentation from all employers showing current year-to-date earnings for student/parent/spouse  
  - Documentation of the termination or reduction of benefits from benefit provider and the date of change. |
| ☐ Separation or Divorce | Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2018. | Complete copies of:  
  - Typed or Written explanation of Special Circumstance  
  - Student/Parent/Spouse’s 2017 IRS Tax Transcripts  
  - W-2 Wage Transcripts for Student/Parent/Spouse for 2017  
  - Copy of legal separation agreement, divorce decree, or a signed letter from a Third Party Professional (attorney, clergy, counselor, etc) on letterhead stating date of separation, or other documentation such as lease agreements or utility bills documenting the existence of two residences. |
| ☐ Death of a Parent or Spouse | A parent has died AFTER filing the FAFSA | Complete copies of:  
  - Typed or Written explanation of Special Circumstance  
  - Student/Parent/Spouse’s 2017 IRS Tax Transcripts  
  - W-2 Wage Transcripts for Student/Parent/Spouse for 2017  
  - Copy of death certificate |
| ☐ One Time Payment Received | Your parents received a one-time lump sum payment of monies in 2017. | Complete copies of:  
  - Typed or Written explanation of Special Circumstance  
  - Student/Parent/Spouse’s 2017 IRS Tax Transcripts  
  - W-2 Wage Transcripts for Student/Parent/Spouse for 2017  
  - Documents detailing One Time Payment amount, source, reason  
  - Cannot be used for living expenses, must provide roll-over documents |
## A. Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Student ID #</th>
<th>G00</th>
</tr>
</thead>
</table>

Mailing Address (Including City, State and Zip)  

<table>
<thead>
<tr>
<th>Phone</th>
</tr>
</thead>
</table>

## B. Projected Income and Benefits Information

You are **required** to provide your received and/or expected income for all categories listed below. If no income is received and/or expected for a category, use “$0” or “N/A” - **do not leave any blanks**. **Please indicate whether the amount entered is monthly or annually.** In addition to the required documentation listed on page 1, you must submit proof of all income figures **provided below** (e.g., for wages, supply a copy of your most recent pay stub).

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Father/Stepfather</th>
<th>Mother/Stepmother</th>
<th>Student</th>
<th>Student’s Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, Tips, Salary</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Pensions and/or Annuities</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Interest and/or Dividend Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Welfare Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Alimony</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Disability Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Retirement Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>In Kind Support paid by________</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Benefits (taxable)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Severance Pay</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL OF ALL INCOME</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
C. One Time Payment Amount in 2017

If your appeal is for a One Time Payment received in 2017, please enter the amount received below. Please provide roll-over documentation regarding the one-time payment.

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Father/Step Father</th>
<th>Mother/Step Mother</th>
<th>Student</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of One Time Payment received in 2016</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

D. Family Information

List all family members that are part of your household in 2019-2020. List the name of the college for any member who will attend college at least half-time between 07-01-2019 and 06-30-2020. Attach a separate sheet if necessary.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Name of College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td>State College of Florida</td>
</tr>
</tbody>
</table>

E. Student Authorization

_____ I understand appeals submitted without sufficient supporting documentation will be denied without an option to resubmit an appeal. (initial)

_____ I have reviewed my Appeal Form and supporting documents. I certify they are complete and accurate. (initial)

F. Certification and Signature

I certify that all information provided is true and correct to the best of my knowledge. I have included all pertinent documentation and understand if my petition is incomplete it will be denied. I further understand that all decisions are final and cannot be appealed.

___________________________________________   ___________________________________
Student’s Signature       Date

____________________________________________   ____________________________________
Parent’s Signature (If student is dependent)       Date
FOR OFFICE USE ONLY

Special Circumstances Checklist
Must be completed before sent for processing

***If student has a 0 EFC DO NOT accept special conditions***

☐ FAFSA on file
☐ Petition is signed and dated
☐ Signed statement is included
☐ Page 1 of request has been checked and all requirements are attached
☐ Requirement added to RRAAREQ as pending

***All documents must be included when you accept this from the student. If you accept petition that has incorrect or missing information it will be returned to you and you will be responsible for contacting the student to get the documents.***

Signature: ___________________________ Date: ___________________________

Decision: ☐ Approved ☐ Denied

Comments: _____________________________________________________________
___________________________________________________________

Reviewed by: ___________________________ Date: ___________________________

Reviewed by: ___________________________ Date: ___________________________