

2020-21 Special Circumstance Request (Student)

Student Name	SSU I.D.	

Before submitting this form to the Financial Aid Office, you must have completed the 2020-21 Free Application for Federal Student Aid (FAFSA) or California Dream Application (CDA) with SSU's school code of 001156. This request gives us information on special circumstances that may result in an adjustment to your Expected Family Contribution (EFC) as currently reflected on the 2020-21 FAFSA or CDA. Further documentation may be required.

Section 1: Write the name of student/spouse listed on the FAFSA/CDA (check person(s) who had a loss of income).				
Student Name:	Spouse Name:			
Section 2: Check the tax year that the loss of income occurred and provide documents. If married, both student/ spouse in Section 1 must provide income documentation.				
<u>2019 Tax Year</u>	<u>2020 Tax Year</u> Effective Date:			
• Detailed explanation of special circumstance & its affect on your ability to pay for education expenses	• Detailed explanation of special circumstance & its affect on your ability to pay for education expenses			
• 2019 IRS Tax Return Transcript	• Most recent pay stub(s) with year-to-date earnings			
All 2019 W-2sIncome statements (i.e. EDD, Social Security,	• Income statements (i.e. EDD, Social Security, Retirement, Child Support, 1099s, etc.)			
Retirement, Child Support, 1099s, etc.)	• If submitting Loss of Income after Jan. 1, 2021, a 2020 IRS Tax Return Transcript may be required			
Section 3: Indicate reason(s) for the loss of income and attach documentation.				
Loss of employment in 2020: Provide a letter from the former employer on letterhead, including last day employed. Copies of all taxed & untaxed income received in 2020. (Please note: it is SSU policy to evaluate your special circumstance 6 months after loss of employment).				
Reduction of work hours in 2020 : Provide a letter from the former employer on letterhead with effective date & hours worked per week. Copies of all taxed and untaxed income received in 2020.				
Divorce or Marital Separation: Provide copies of dissolution of marriage, documentation of separation, etc.				
Death of Spouse: Provide copy of death certificate.				
Loss of Taxed/Untaxed Benefits received in 2018: Provide letter from agency verifying ending of benefit, indicating name of recipient.				
One-time Non-recurring Income: Detailed explanation of special circumstance & its affect on your ability to pay for education expenses.				
Dependent student married after the FAFSA was filed (and before August 1 of the academic year).				
□ Other:				
Statement of Certification: I certify that all information reported on this form and all attached documentation are true, complete, and accurate. I understand that submission of this appeal does not guarantee approval, nor does it guarantee any changes in the original financial aid award offer.				
Student Name (please print)	Phone number			
Student Signature	Date			