



Hanover College Financial Aid
Special Circumstance Petition for 2021-2022

Federal regulations require the Office of Financial Aid to use 2019 financial information from the FAFSA when determining financial need for the 2021-2022 school year. This form may be used if you feel that the FAFSA does not adequately reflect your financial condition.

Complete all four sections of this petition and return it to the Office of Financial Aid with all required documentation. Please allow up to 6 weeks for processing this petition. NOTE: If documentation is not submitted with this petition, your request cannot be processed.

Section 1: Student & Parent Information

Student Name (Last, First, M.I.)

Student ID Number or Last Four of SSN

Parent/Stepparent Name (Last, First, M.I.)

Parent Email Address

Parent/Stepparent Name (Last, First, M.I.)

Student Email Address

Section 2: (please check all that apply)

Loss of income due to non-disability related unemployment - Student, spouse, or parent(s) has lost employment (due to layoff, termination, or involuntary resignation) since the last tax year reported on most recent FAFSA. Complete lines 1 through 4.

Loss of income due to disability or natural disaster - Student, spouse, or parent(s) has not been able to earn money the way it was earned in the last tax year reported on the FAFSA. This must be due to a disability or natural disaster that occurred since the end of the last reported tax year. Complete lines 1 through 3 and line 5.

Loss of untaxed income or benefits - Student, spouse, or parent(s) has lost untaxed earnings (such as child support, Worker's Compensation, etc.) since the last tax year reported on most recent FAFSA. Complete lines 1 through 3 and line 6.

1. Who has been out of work or lost income or benefits? Name: Relationship to student:

2. Dates of unemployment: from to

3. Complete Section 3 - Estimated Income

- 4. Acceptable Documentation for loss of income due to non-disability related unemployment: Evidence of loss of employment (such as a termination notice or signed official letter from employer on company letterhead) or proof of bankruptcy and financial statements (self-employed only) AND Copy of unemployment documentation (or letter stating that unemployment was denied) AND Copy of 2019 and 2020 Federal Income tax return transcript (Parents) AND Copy of 2019 and 2020 W2(s) (Parents) AND Enclosed 2021-22 Verification Worksheet.

- 5. Acceptable Documentation for loss of income due to disability or natural disaster: Evidence of loss of earnings (such as a signed letter from employer on company letterhead) AND Copy of 2019 and 2020 Federal Income tax return transcript (Parents) AND Copy of 2019 and 2020 W2(s) (Parents) AND Enclosed 2021-22 Verification Worksheet AND State Disability benefit approval/denial letter AND/OR Employer Disability benefit approval/denial letter AND/OR Workers Compensation benefit approval/denial letter AND/OR Private Carrier benefit approval/denial letter.

- 6. Acceptable Documentation for loss of untaxed income or benefits: Evidence of loss of untaxed income or benefits (court decisions, letters of denial of benefits) AND Copy of 2019 and 2020 Federal Income tax return transcript (Parents) AND Copy of 2019 and 2020W2(s) (Parents) AND Enclosed 2021-22 Verification Worksheet.

_____ **Occurrence of one-time income** – Student, spouse, parent(s) received a one-time lump sum (such as inheritance, retirement, IRA distribution, etc.) that was report on the 2021-22 FAFSA but is not expected in the future.

1. Who received the one-time income? Name: _____
Relationship to student: _____
2. Acceptable Documentation:
 - Official evidence of one-time income (legal forms, financial statements, etc.) **AND**
 - Signed statement that identifies the source of income and how the funds were spent or invested **AND**
 - Documentation supporting how the funds were spent or invested **AND**
 - Copy of 2019 and 2020 Federal Income tax return transcript (**Parents**) **AND**
 - Copy of 2019 and 2020 W2(s) (**Parents**) **AND**
 - Enclosed 2021-2022 Verification Worksheet.

_____ **Separation or divorce** – Student (or your parents, if dependent) have separated or become divorced since the time the FAFSA was filed.

1. Date of divorce or separation: _____
2. Name of Primary (Custodial) Parent (after separation or divorce): _____
3. Number of family members remaining in household: _____ Number in college: _____
4. Acceptable Documentation:
 - Legal documentation of separation or divorce (such as court decisions or divorce decree) **AND**
 - Copy of 2019 and 2020 Federal Income tax return transcript (**Primary (Custodial) Parent, including Stepparent(s) and Student**) and W2s (**Parents**) **AND**
 - Enclosed 2021-22 Verification Worksheet.

_____ **Death** – Your spouse (or parent, if dependent) received income for the most recently reported tax year, but passed away after you completed the FAFSA.

1. Name of deceased: _____
2. Relationship to student: _____ Date of death: _____
3. Number of family members remaining in household: _____ Number in college: _____
4. Acceptable Documentation:
 - Legal documentation of death (such as a copy of death certificate) **AND**
 - Copy of 2019 and 2020 Federal Income tax return transcript (**Parents**) **AND**
 - W2s (**Parents**) **AND**
 - Enclosed 2021-22 Verification Worksheet.

_____ **Elementary or secondary tuition costs** – You or your parents are paying elementary and secondary tuition costs during the 2021-2022 school year for dependent children.

1. Acceptable Documentation:
 - Written contract that states the amount of tuition paid or due for the 2021-2022 school year **OR**
 - Signed letter from the school stating the amount of tuition paid or due for the 2021-2022school year on official school letterhead **AND**
 - Copy of 2019 and 2020 Federal Income tax return transcript (**Parents**) **AND**
 - Copy of 2019 and 2020 W2(s) (**Parents**) **AND**
 - Enclosed 2021-22 Verification Worksheet.

_____ **Medical or dental expenses** – You or your parents paid medical or dental expenses not covered by insurance that exceeds 10% of your income during 2018.

1. Acceptable Documentation:
 - Copy of 2019 and 2020 Federal Income tax return transcript (**Parents**) **AND**
 - Copy of 2019 and 2020 W2(s) (**Parents**) **AND**
 - Enclosed 2021-22 Verification Worksheet **AND**
 - Copies of cancelled checks used to pay out-of-pocket medical or dental expenses **AND/OR**
 - Confirmation of amount paid out-of-pocket by you during 2019 and purpose of expense (**amounts billed will not be considered without proof of payment**).

OFFICE USE ONLY

SSACI PJ Code: _____

SCPJ: _____ DO: _____ Approved: _____ Denied: _____

Original PC: _____ New AGI: _____ Medical/Legal PJ: _____

Original EFC: _____ New Tax Paid: _____ 7.5% of Original AGI: _____

Original AGI: _____ New PC: _____ Med Exp Doc: _____
(amount must be more than 7.5%)

Original Tax Paid: _____ New EFC: _____ Sch A Med: _____

Original Tax Rate: _____ %
Exp Doc – Sch A: _____
(must be positive to continue review)

Changes in Awards: _____

PowerFAIDS Actions:

- Verification Completed
- AGI Adjusted and Locked (FM Data>Parent Financial/Student Financial Screen)
- Taxes Adjusted and Locked (FM Data>Parent Financial/Student Financial Screen)
- Request EFC Adjustment and Lock (FM Data>Data Resolution Screen)
- Data Released (FM Data>Data Resolution Screen)
- Comment Made/Document Tracking "Approved"
- Aid Adjusted and Applied (Packaging>Awards Data Screen)

Director's Signature

Date