

2020-21 Special Circumstance Review Request

Student Last Name: _____ First: _____

UA Student ID #: _____

The Office of Student Financial Aid at The University of Akron is given authority by federal regulations to make adjustments to information submitted on a FAFSA on a case-by-case basis. You may find a sample of situations in which we may consider making adjustments on our website: www.uakron.edu/finaid/special. **Requests may take 3-4 weeks for review. Please do not inquire until at least 3-4 weeks have passed.** If anything additional is needed, you will be notified via email sent to your UA (Zips) email address.

Section A: Attach an explanation that details the unusual or special circumstance that you were unable to address on your FAFSA. Please be as descriptive as possible. Make sure the explanation has the student's name and UA Student ID # at the top. Requests will not be considered without a written statement.

Written statement attached.

Section B: Supporting Documentation required for ALL review requests (unless otherwise noted):

Missing or incomplete information will delay processing.

2018 Federal Tax Return Transcript or tax return (1040) for student/spouse. **Do not send 2019 documents!** Required for ALL review requests unless noted below. Requests will not be considered without this information.

Check this box if you previously submitted this document to our office for verification, etc.

2018 Federal Tax Return Transcript or tax return (1040) for parents. **Do not send 2019 documents!** Required for ALL review requests for dependent students unless noted below. Requests will not be considered without this information.

Check this box if you previously submitted this document to our office for verification, etc.

2018 W2s for student/spouse - required for ALL review requests unless noted below. **Do not send 2019 documents!**

2018 W2s/Schedule C/C-EZ for parent/s of dependent students - required for ALL review requests for dependent students unless noted below. **Do not send 2019 documents!**

Section C: Specific supporting documentation required based on your situation:

Involuntary separation from employment or Involuntary loss of income

Effective date (*do not submit until at least 8 weeks have passed*):

Letter from previous employer (on company letterhead) indicating start and end dates and year-to-date earnings

Copy of most recent pay stub showing YTD earnings for the person(s) whose income was reduced or 2020 W2 when available

Statement of unemployment benefits (if received)

Divorce or separation or Death of spouse or parent ****Only used if both parents' info is reported on current FAFSA**

Effective date: Appropriate court documents indicating date of separation or divorce or death certificate

Medical expenses in 2020 **not paid by insurance**

Signed and dated summary totaling those expenses not covered by insurance in 2020. **Expenses must have occurred in 2020.**

Parent in college (full-time enrollment) - dependent students ONLY (Tax Return Transcripts/W2s not required)

2020-21 Parent in College Form

Loss of Child Support (Tax Return Transcripts/W2s not required)

Effective date:

Expected amount in 2020 for all children in household _____

Copy of court/legal documentation that shows date child support payments have/will cease

Other, please describe in detail in a written statement and submit supporting documentation.

Section D: Projected Income for Calendar Year 2020

Enter "0" or "N/A" where appropriate. *Do not leave any item blank. Do not include Social Security Income or Disability Benefits.*

Expected Annual Income January 1, 2020 through December 31, 2020.

	Student	Spouse (if applicable)	Parent 1	Parent 2
Please indicate the name of parent 1, parent 2 according to your FAFSA.				
Wages, tips, salaries. The amount(s) listed should ONLY be income from work. DO NOT include SSI, disability, etc.				
Severance Pay				
Separation Bonus				
Unemployment compensation				
Total Expected Annual Income				

Section E: Household Information

Dependent students: List the people in your parents' household, excluding foster children. Include yourself, the parent(s) with whom you live, your parents' other children and other people if your parents will provide more than half of their support between 7/1/20-6/30/21. If anyone will be enrolled at least half-time in a degree or certificate program between 7/1/20-6/30/21, include the name of the school they will be attending.

Independent students: List the people in your household, excluding foster children. Include yourself, your spouse if married, your children and other people if you will provide more than half of their support between 7/1/20-6/30/21. If anyone will be enrolled at least half-time in a degree or certificate program between 7/1/20-6/30/21, include the name of the school they will be attending.

If more space is needed, continue this table on a separate page with the student's name and student ID number at the top.

Full name	Age	Relationship to Student	Name of College/University in 2020-21
		Self	The University of Akron

Section F: Certification:

Each person signing this worksheet certifies that all of the information reported on it is complete and accurate. **Warning:** If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. Electronic signatures will not be accepted.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

(Dependent students only)

When all required documents have been gathered, you may submit your information by: a) mail to the address below; b) fax to 330-972-7139; c) upload via the Upload Tool in the Student Center of MyAkron (under "Finances"); or d) deliver to the Office of Student Financial Aid, 2nd Floor, Simmons Hall. **Please note:** Your request may not result in an increase of your financial aid eligibility. You will be notified of the result of your request via email sent to your official UA email address. **Watch for two-sided documents. Be sure to include both sides when faxing. Do not email any documents with personally identifiable information. Incomplete submissions will cause a processing delay.**

Allow at least four weeks for review after submitting. If anything additional is needed from you, you will be notified via email sent to your official UA email address.

Please note: Completion/submission of this form does not guarantee an adjustment of your financial aid. You will be notified of the result of your request via email sent to your official UA email address. All decisions are final and cannot be appealed to the U.S. Department of Education.