2016-17 Special Circumstance Request for Preliminary Review

Before submitting this form to our office, you must have completed the 2016-17 Free Application for Federal Student Aid (FAFSA) with SSU’s school code of 001156.

This preliminary review request gives us information on special circumstances that may result in an adjustment to your Expected Family Contribution (EFC) as currently reflected on the FAFSA.

Instructions: The most common special circumstances are listed below. If your special circumstance does not fall into one of these categories, check the box for “Other” and explain your situation.

You must complete all four sections of this form. Do not leave any section blank. Incomplete review requests will be mailed back to you.

Section 1: Reason(s) for Preliminary Review Request

The request is for (check all that apply): □ Parent1/Step1 □ Parent2/Step2 □ Student □ Spouse

If Parent1/Parent2 boxes are checked, print name(s):
____________________________________________________________________________________________

Effective Date of Circumstance: __________________________

□ Death of a parent or spouse after the FAFSA was filed.

□ Separation or divorce after the FAFSA was filed.

□ Loss of benefits such as Social Security, child/family support, alimony, unemployment, disability, or workers’ compensation in 2015 or 2016.

□ Involuntary job change in 2015 or 2016.

□ Involuntary loss of employment in 2015 or 2016.

□ Retirement in 2015 or 2016.

□ Involuntary reduction of work hours in 2015 or 2016:

    Current (reduced) hours per week: __________
    Previous hours per week: __________

□ Dependent student married after the FAFSA was filed (and before August 1, 2016).

□ Other: _________________________________________________________________________________
Section 2: Statement of Circumstances

Contact Person for Follow Up: _______________________________________________________

Phone Number ___________________________ Email _________________________________

Mailing Address _________________________________________________________________

In the space below, please provide a detailed explanation of your special circumstance(s) not addressed on the Free Application for Federal Student Aid (FAFSA).

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**Section 3: Projected 2016 Income and/or Benefit Amounts**

Provide the BEST estimate of your income from all sources for the period from January 1, 2016 through December 31, 2016. List figures for the entire 2016 calendar year – it may be necessary for you to project or estimate a portion of this income.

Provide a response for each of the items listed below. **Do not leave any items blank; if the answer is zero, indicate $0.**

<table>
<thead>
<tr>
<th>January 1, 2016 – December 31, 2016</th>
<th>Parent1/Step1</th>
<th>Parent2/Step2</th>
<th>Student</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross Income from work:</strong></td>
<td>$_____________</td>
<td>$_____________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td><strong>Other taxable income:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Unemployment</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>Pensions</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Business or farm income</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>Life insurance</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Other___________________________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td><strong>Untaxed income:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security benefits</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</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>Other___________________________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
</tbody>
</table>

**Section 4: Certification Statement**

**Statement of Certification:** I/we certify that all the information reported on this form and all attachments is true, complete, and accurate.

I/we understand that submission of this appeal does not guarantee approval, nor does it guarantee any changes in the original financial aid award offer.

**Parent Signature** _________________________________  **Date** _________________________________

**Student Signature** _________________________________  **Date** _________________________________