



Hardin-Simmons University

Office of Financial Aid

2018/2019 SPECIAL CIRCUMSTANCE FORM

Student Name: _____ HSU ID # _____

Student Email: _____ Phone: _____

Parent(s) email: _____ Phone: _____

All Special Circumstance requests must include the following in addition to the information relative to your particular circumstance. Please indicate by checking the special circumstance(s) that apply to you.

Do not submit originals —documents will not be returned

1. All 2016 W-2s for both parent and student
2. Letter from parent/student explaining the circumstance
3. 2016 Tax Return Transcript, www.irs.gov.
4. 2016 1040 Tax Return Form

Separation/Divorce—ANSWER QUESTIONS AND SUBMIT REQUIRED DOCUMENTATION BELOW

Name of parent of Record on FAFSA (please print below the name of the parent whose information will remain on FAFSA):

Has the Parent of Record Remarried? Yes No Date of Separation: _____

- Court Documentation verifying legal separation or divorce
- Anticipated income for 2018 (Copy of most recent pay check/stub for parent of record)
- Proof of residence for each parent

Death of Parent/ Spouse—REQUIRED DOCUMENTATION BELOW

- Copy of Death Certificate
- Billing statement from funeral home verifying expenses not covered by insurance
- Anticipated income for 2018 (Copy of most recent pay check for parent of record)

Loss of Child Support—REQUIRED DOCUMENTATION BELOW

- Verification of child support received in 2017 (i.e. divorce decree, attorney general summary)

Medical—REQUIRED DOCUMENTATION BELOW

- Schedule A—receipts not necessary
- 2016/17 Medical Bills
- 2016/17 Receipts
- 2016/17 Medical Insurance premium payments
- 2016/17 Summary of payments from your pharmacy

Documents need to be sorted and submitted by patient (if medical is for more than one family member) and in chronological order. Please make sure to not send duplicates of expenses. Documents not dated or dated outside of the current award year will not be accepted.

Deduction of One Time Payment—REQUIRED DOCUMENTATION BELOW

- Letter from parent/student explaining the one-time payment or reason for the withdrawal



Hardin-Simmons University

Student Financial Services

SPECIAL CIRCUMSTANCE FORM CONT.

Loss of Employment/ Reduction of Income—REQUIRED DOCUMENTATION BELOW

Name of Person that lost Job: _____

Relationship to Student: _____

Name of Previous Employer: _____

Status Full time Part time

Last Date of Employment: _____

Severance Pay Received? _____ YES NO Amount: \$ _____

Unemployment Benefits received? _____ YES NO Amount: \$ _____

Retirement Benefits being received? _____ YES NO Amount: \$ _____

Disability Benefits being received? _____ YES NO Amount: \$ _____

Will funds be taken out of your IRA, 401K, or other retirement plan to pay off debt? _____ YES NO Amount: \$ _____

Has new employment been found? _____ YES NO Start Date: ___/___/___

Name of new employer : _____

- Letter from parent/ student explaining circumstances surrounding the loss of income or reduction
- Letter from the previous employer stating last date of employment and year-to-date income
- Copy of last check stub with year-to-date income information
- Verification of severance pay
- Verification of unemployment benefits
- Verification of retirement benefits
- Verification of disability benefits
- Verification of funds taken out of retirement plan
- Anticipated income for 2018 for employed parent(s)

Other—REQUIRED DOCUMENTATION BELOW

- Letter from parent/student explaining circumstance
- Supporting documentation for your circumstance

Student Signature _____ Date _____

Spouse Signature _____ Date _____

Parent 1 Signature (If dependent) _____ Date _____

Parent 2 Signature (If dependent) _____ Date _____

Office Use Only Action Taken: _____ Date ___/___/___ OFA Initials: _____

IF DOCUMENTATION IS NOT SUBMITTED, THE REQUEST WILL NOT BE CONSIDERED