2018-2019 SPECIAL CIRCUMSTANCE FORM

DEADLINES: Fall 2018: July 13, 2018  Spring 2019: November 16, 2018

Student’s Full Name: ___________________________ Spartan Email Address: ___________________________ Student ID: ___________________________
Home Telephone No.: ___________________________ Cell Telephone No.: ___________________________

Norfolk State University recognizes that standard financial aid forms do not always capture the full financial profile of our students and their families. Through the use of Professional Judgment, the Financial Aid Office may be able to make adjustments to your FAFSA which could result in a recalculation of aid eligibility at Norfolk State University. All Professional Judgment cases are subject to a review and are not guaranteed to result in any additional financial aid. All decisions are final.

All documentation required must be attached. Incomplete information and telephone requests will not be accepted. Please NOTE the student/and or parent(s) have the primary responsibility for any financial obligation that may exist prior to the completion of the review process.

Response and Turnaround Time:
Professional Judgment Appeals are frequently a committee process. Please allow at least 2 weeks for a response. During peak processing times (January through May), it may take 4 weeks for an appeal to be reviewed by the committee. The student and parent will be informed of the decision by e-mail to the e-mail address indicated above.

Norfolk State University will accept the following cases. Please check the case that applies to your situation and include a detailed letter with your request. Incomplete forms will not be accepted.

○ Dependency Status Override
  • Statement from student with detailed explanations.
  • Detailed statement from a third party source familiar with the circumstances. The source must be a teacher, minister, lawyer, physician, counselor, social worker, or anyone serving in a professional capacity who is willing that can verify your statement on their company letterhead.
  • Court documentation and police reports if applicable.
  • Student’s 2016 & 2017 tax returns. Additional 2018 most recent earning statement.
  • Parent’s 2016 & 2017 tax returns.
  • A copy of ALL necessary living expenses such as utility bills (electric, gas, water), lease, mortgage, transportation, childcare, etc.
  • Please note financial hardships, a parent’s unwillingness to provide financial support, parents not claiming the student as a dependent for income tax purposes or a student’s demonstration of self – supporting does not warrant a dependency override.

○ Change in Employment Status (Unemployment must be at least ten weeks before considered)
  • A letter from former employer on company letterhead stating the employees last date of employment.
  • Statement of unemployment benefits.
  • Statement of severance/pay out.
• Copy of most recent paystub.
• Copy of 2016 & 2017 tax returns.
• Complete estimated earnings chart.

○ Loss/Reduction of Income and/or Benefits
  • A statement from appropriate agency that details the loss or reduction in benefits and the date applied such as social security, unemployment, child support, disability, etc.
  • If a onetime payment such as IRA distribution, capital gain, inheritance, etc. provide documentation.
  • Unusually high medical expenses, provide documentation.
  • Current statement showing year to date earnings.
  • Complete estimated earnings chart.

○ Divorce or Separation
  • A copy of the divorce decree or separation agreement (from a lawyer or courts)
  • Documentation verifying that the divorce or separated parties have been living separate and incur individual expenses (utility bills, lease, mortgage with different addresses)
  • A copy of the most recent tax returns and W-2’s.
  • Complete estimated earnings chart.

○ Death of Parent or Spouse
  • A copy of the death certificate or obituary
  • A copy of the most recent tax returns and W-2’s.
  • Complete estimated earnings chart.

CERTIFICATION STATEMENT
○ I/we certify that all the information provided and the supporting documentation submitted is accurate and true.
○ I/we understand that the request will not be considered if the documentation is incomplete, additionally the Financial Aid Office may require additional information upon review of what has been submitted.
○ I/we understand the Financial Aid Office will review the request and let me/us know of the outcome in 3 weeks and 4-6 weeks during peak periods.
○ I/we understand that completion of this form does not guarantee additional aid and any billing/payment deadlines designated by the Bursar/Student Accounts office need to be adhered to during this review process in order to avoid class cancellation and/or past due balances.

Student Signature: ___________________________ Date: __________________

Parent’s Signature: ___________________________ Date: __________________

For office use only:
☐ Approved ☐ Denied Reason: ______________________________________

Student: 2017 AGI _____ 2017 Taxes Paid _____ 2017 Untaxed Income _____
ISIR Trans# ___ Old EFC _______ New EFC _________
FAA Signature/Date: ___________________________
ESTIMATED INCOME FOR 2018 CALENDAR YEAR

If you are divorced or legally separated, include only your income information. If your parents are divorced or legally separated, include only your custodial parent’s income information. If your custodial parent has remarried include their spouse’s information. If the loss of income is due to death of your spouse/parent, include only your income information/surviving parent’s information.

Note: Write in Zero (0) if an item does not apply

<table>
<thead>
<tr>
<th></th>
<th>1/1/2018– 12/31/2018</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Father</td>
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<tr>
<td>Taxable</td>
<td></td>
</tr>
<tr>
<td>Wages, Salaries, Tips</td>
<td>$_________</td>
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<tr>
<td>State Unemployment Benefits</td>
<td>$_________</td>
</tr>
<tr>
<td>Pensions</td>
<td>$_________</td>
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<tr>
<td>Alimony</td>
<td>$_________</td>
</tr>
<tr>
<td>Other Taxable Income: Specify Source(s)</td>
<td>$_________</td>
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</tbody>
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XXX

Untaxable

Social Security Benefits | $_________ | $_________ | $_________ | $_________ |
Aid to Families with Dependent Care (AFDC) | $_________ | $_________ | $_________ | $_________ |
Child Support Received | $_________ | $_________ | $_________ | $_________ |
Other Untaxed Income Benefits | $_________ | $_________ | $_________ | $_________ |

XXX

TOTAL Anticipated Income | $_________ | $_________ | $_________ | $_________ |
Cash and Savings | $_________ | $_________ | $_________ | $_________ |