



Financial Aid Office • 650 W. Easterday Ave • Sault Ste. Marie, Michigan 49783  
906-635-2678 • Fax: 906-635-6669

## **Change in the Family's Financial Status**

**2009-10**

To Whom It May Concern:

It has been brought to our attention that unusual circumstances have occurred which might drastically change your ability to contribute to your educational expenses. The attached form requests information needed to re-evaluate your ability to contribute. This re-evaluation is not an assurance that you will qualify for aid, or if already eligible, will qualify for additional aid. Furthermore, any new award amount would be contingent upon the availability of funds at the time this re-evaluation is made.

Enclosed is a request for financial information for the calendar year 2009. The standard procedure is to base a student's eligibility for aid upon the financial situation of the last tax year (in this case, 2008). However, we will re-evaluate for the current year (2009), for any of the following reasons affecting a wage earner (father and/or mother):

- (a) Unemployment – Retirement of parent(s) – Dislocated Worker
- (b) Death/Disability
- (c) Separation and Divorce
- (d) Loss of untaxable income
- (e) Unusual expenses

If your family circumstances fall within one or more of these criteria, please follow these instructions:

- 1. COMPLETE THE SPECIAL CIRCUMSTANCES FORM.**
- 2. FURNISH THIS OFFICE WITH SUPPORTIVE DATA FROM THE APPROPRIATE PERSON(S) OR AGENCY(IES) ON THEIR LETTERHEAD STATIONARY.**

For example:

Disability of a wage earner should be supported by a letter from a doctor indicating date of disability, and any other information pertinent to the disability. Also, a statement from each source of income indicating the amount provided per week or month and the duration of support.

Supportive data may involve a statement from a doctor, a lawyer, or employer, Government Unemployment Office, Social Security Office, Death Certificate or any other pertinent documentation.

- 3. IF YOU HAVE NOT ALREADY DONE SO, INCLUDE A SIGNED COPY OF YOUR 2008 FEDERAL INCOME TAX FORMS AND VERIFICATION OF UNTAXED INCOME.**

If you have any questions concerning this form, its completion and/or the supportive data required, please contact the LSSU Financial Aid Office at 1-888-800-LSSU or (906) 635-2678.

**DEPENDENT**

**Special Circumstance Form**

Print Student's Name

Student I.D. Number

If your family's income has been reduced for one of the reasons given below, you should complete this form and return it to the **Lake Superior State University, Financial Aid Office, 650 West Easterday Ave., Sault Ste. Marie, MI, 49783**, for further consideration of your 2009-2010 financial aid. If you are unable to estimate the total income your family will receive from

**January 1, 2009 until December 31, 2009**, at this time, keep this form until you can provide an accurate estimate.

1. Please review the sections below and indicate which explanation(s) applies to the reason(s) your family's 2009 income will be reduced.

Death of Parent (death must have occurred **on or after** January 1, 2008). **SUBMIT DEATH CERTIFICATE.**

Date:       /      /        
**Month / Day / Year**

\_\_\_\_\_  
**Relationship**

Permanent and total disability of parent (must have occurred on or after January 1, 2008).

Date:       /      /        
**Month / Day / Year**

\_\_\_\_\_  
**Relationship**

Mother or Father has retired; been unemployed or under-employed for at least two full months or will experience a change in employment status due to enrollment in a post secondary institution. **MUST HAVE DOCUMENTATION FROM EMPLOYER such as termination letter, lay off notice, final paystub, new paystub from current job, unemployment benefits notice, etc.**

Date:       /      /        
**Month / Day / Year**

\_\_\_\_\_  
**Relationship**

Untaxed income has ceased or been reduced. Source of untaxed income \_\_\_\_\_.

Date:       /      /        
**Month / Day / Year**

Unusual medical expenses in excess of 11% of adjusted gross income. Must include receipt of all bills paid in 2008, per IRS definition of allowable medical expenses.

2. **COMPLETION REQUIRED:** You must provide an explanation detailing all reasons your family's 2009 income will be reduced and complete the rest of the form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Include** third party documents to support your request; e.g. Death Certificate, termination letter, Complaint for Divorce or Divorce Judgment. **This request must be SUBMITTED WITH THIRD PARTY DOCUMENTATION.**

*For the parent whose income has changed, please carefully complete the Estimated 2009 Income section by reporting the income already received in 2009, as well as the funds you anticipate receiving for the remainder of 2009. If your actual income for 2009 is higher than your estimates, you must submit corrected information promptly. Your student will be responsible for repaying any financial aid funds received from this re-evaluation if the information provided is not reasonably accurate. Please estimate income ONLY for the parent whose circumstances are changing due to one of the "special circumstances" reported above.*

