SPECIAL CIRCUMSTANCE APPLICATION 2007-2008

Financial Aid Office
ASU Station #11015
San Angelo, TX 76909-1015
325/942-2246
FAX 325/942-2082

OFFICE USE ONLY

CAMPUS ID NO. OR SOC. SEC. NO.:

APPLICANT'S NAME: _____

IMPORTANT! PLEASE READ

This application may be completed if your family's financial situation has significantly changed for the worse from calendar year 2006 (the information used to determine your expected family contribution for 2007-2008) to calendar year 2007. You must provide complete information, including your best estimates of 2007 income and unusual expenses, if applicable. Supporting documentation must be attached to verify your special circumstance (e.g., expense statements, receipts, employer statements, etc.). In addition to this form, you will be required to submit the 2007-2008 Verification Worksheet and signed copies of 2006 Federal Income Tax Returns to the Financial Aid Office.

A. Please provide a brief statement explaining your special circumstance (you may use the back of this form if additional space is needed)**:**

B. If you are documenting a loss of employment or decrease in income, indicate the effective date of the loss or decrease:

C. Please estimate your 2007 Income and/or Expenses to be considered as a result of your special circumstance explained above.

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	Estimated 2007 Information for Applicant/Spouse	Estimated 2007 Information for Parent(s)
(1) 2007 Taxable Income:		
Income Earned From Work:		
Applicant and/or Father (Stepfather)	$	$
Spouse and/or Mother (Stepmother)	$	$
Unemployment Benefits	$	$
Other Taxable Income: _____	$	$
(2) 2007 Untaxed Income/Benefits:		
Social Security Benefits	$	$
Child Support to be Received (for all children)	$	$
Military Allowances (BAQ and BAS)	$	$
Clergy Living Allowance	$	$
Other Untaxed Income: _____	$	$
(3) 2007 Unusual Expenses:		
Medical Expenses (***attach an itemized listing of 2007 monthly payments less insurance***)	$	$
Child Support to be Paid	$	$
Other Unusual Expenses: _____	$	$

D. You must sign below certifying the accuracy of the information provided on this form. If you are dependent for financial aid purposes, at least one of your parents must also sign below certifying the accuracy of the information provided.

_____ _____

Student's Signature **Date** **Parent's Signature** **Date**

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Financial Aid Office.

OFFICE USE ONLY: Action Taken: _____ *Date:* _____ *SFA Initials:* _____

Comments: _____

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