FREED-HARDEMAN UNIVERSITY

FHU Office of Student Financial Services
Special Circumstances Form
2014-2015 School Year

At some point in the financial aid process, you have indicated circumstances that you would like for us to review as we process your financial aid. Follow the steps below and return this form with the appropriate documentation to the address at the end of this form. Once the information is reviewed, you will be notified of the decision be the Office Student Financial Services. All decisions are final. If you have questions, please contact the Office of Student Financial Services at (731) 989-6662.

- File the 2014-2015 FAFSA. You can apply online at www.fafsa.ed.gov.
- Complete Section A of this form.
- In Section B, check all boxes which apply to your situation.
- Complete the Income Assessment Form in Section C.
- Student and Parent (if student is dependent) read the certification and sign in Section D.
- Attach a detailed letter documenting your circumstances to this Request Form.
- Attach a signed copy of your and your parent's (if dependent) 2013 tax returns.
- Return this form with attachments to the Office of Student Financial Services of Freed-Hardeman University.

Section A – Student Information

Name_____ Social Security Number_____

Address_____

City_____ State_____ Zip Code_____

Parent(s) whose information was provided on your FAFSA:

Mother's (Stepmother's) name_____

Father's (Stepfather's) name_____

Telephone number (where you or your parent can be reached in the event of questions):

Student Phone Number_____ Parent Phone Number_____

List the people in your household, including yourself. List the name of the college for any member (excluding parents) who will attend college at least half-time between 7/1/14 and 6/30/15.

Full Name	Age	Relationship	College
		Self	Freed-Hardeman University

Section B – Special Circumstances

From the list provided, indicate the reason for the requested review of your family's financial situation.

☐ **Loss of a Job, or Parental Loss of Job**

- Separation Notice/Termination Notice or documentation from employer showing effective date of termination.
- Documentation of severance package (if one exists).
- Statement of Unemployment Benefits and effective dates.

☐ **Loss of Untaxed Income**

☐ Loss of Social Security Benefits
- Provide notification of termination of benefits

☐ Loss of Child Support
- Provide court documentation stating the date of termination of benefits.

☐ Loss of Worker's Compensation
- Provide appropriate official documentation stating date of termination of benefits.

☐ Other: Please specify and provide appropriate documentation.

☐ **Loss of Taxable Income**

☐ Loss of Alimony
- Provide court documentation stating the date of termination of benefits.

☐ Loss of Unemployment Benefits
- Provide appropriate letter from the unemployment office stating date of termination of benefits.

☐ Other: Please specify and provide appropriate documentation.

☐ **Excessive Medical Expenses**

Payments made out of pocket beyond what your insurance covers. Do not include insurance premium costs.

- Provide bills showing the expenses.
- Provide proof of personal payment of the expenses in question (check stubs, receipts, etc.)

☐ **Lump Sum (one-time) income**

This could include, but is not limited to inheritance, moving expense allowance, lump sum retirement payments, etc.

- Provide appropriate documentation identifying the income in question and how the funds were spent of invested

☐ **Other Circumstances**

Please List_____

_____

_____

_____

Section C – Income Assessment Form

Please complete the table below to help us assess your actual income for 2014. Report all income you expect to receive through December 31, 2014 in the appropriate boxes. You must include documentation supporting all income. This documentation could include but is not limited to:

- Recent pay stubs showing year-to-date earnings (since January 1, 2014)
- A letter from your employer stating total 2014 projected and or actual earnings

- W-2 Forms

If you are submitting the request for consideration after December 31, 2014, you must submit a copy of your completed 2014 federal income tax return.

Parent Income and Asset Information (For Dependent students only)

Income for 2014 (Jan.1 to Dec. 31)	**Actual 1-1-14 to Today**	**Estimated Today to 12-31-14**	**Total = Actual + Estimated**
FATHER: expected income earned from work (wages, salaries, tips, net farm or business	$	$	$
MOTHER: expected income earned from work (wages, salaries, tips, net farm or business)	$	$	$
Other Taxable Income: (dividends, interest, pensions, annuities, alimony, unemployment, compensation, capital gains) SOURCE:	$	$	$
Social Security Benefits	$	$	$
Child Support Received	$	$	$
Other untaxed income: (earned income credits, welfare benefits, workers comp., payments to IRA/Keogh, etc) SOURCE:	$	$	$
Total Parental Income for 2014	$	$	$

Please list your current asset information (if any of the following are applicable):

Net Worth means market value of the asset minus the debt on the asset

- Current amount of cash, savings, and checking: $_____
- Current net worth of real estate/investments (other than home): $_____
- Current net worth of farm or business: $_____

Student Income and Asset Information

Income for 2014 (Jan.1 to Dec. 31)	**Actual 1-1-14 to Today**	**Estimated Today to 12-31-14**	**Total = Actual + Estimated**
STUDENT: expected income earned from work (wages, salaries, tips, net farm or business	$	$	$
SPOUSE: expected income earned from work (wages, salaries, tips, net farm or business)	$	$	$
Other Taxable Income: (dividends, interest, pensions, annuities, alimony, unemployment, compensation, capital gains) SOURCE:	$	$	$
Social Security Benefits	$	$	$
Child Support Received	$	$	$
Other untaxed income: (earned income credits, welfare benefits, workers comp., payments to			

IRA/Keogh, etc) SOURCE:	$	$	$
Total Student and/or Spouse Income for 2014	$	$	$

Please list your current asset information (if any of the following are applicable):
Net Worth means market value of the asset minus debt on the asset

- Current amount of cash, savings, and checking: $_____
- Current net worth of real estate/investments (other than home): $_____
- Current net worth of farm or business $_____

Section D – Certification and Signature

My signature below certifies that the information I have provided on this form is true. I agree to provide proof of the information if and/or when requested. I understand that the penalty for providing false or misleading information is a $10,000 fine, a prison sentence, or both.

Parent Signature_____Date_____

Student Signature_____Date_____

Spouse of Student Signature_____Date_____

FOR OFFICE USE ONLY

_____ Student Not Eligible

_____ Special Circumstances Adjustment Request Denied

Comments_____

_____

_____ Special Circumstances Adjustment Approved

FA Administrator_____ Date _____

Office of Student Financial Services
Freed-Hardeman University
158 East Main Street
Henderson TN 38340
Phone: 731-989-6662 Fax: 731-989-6775
Email: finaid@fhu.edu