

College Connect Locations

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Office of Financial Aid & Scholarships

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2018-2019 Special Circumstance Review Application

_____ Student ID #				
_____ Social Security Number	_____ Student's Last Name	_____ Student's First Name	_____ Middle Initial	_____ Student's
_____ Street Address	_____ City	_____ State	_____ Zip Code	
_____ Home Telephone Number	_____ Work Telephone Number	_____ Other Contact Number		

This application should be used AFTER the Free Application for Federal Student Aid (FAFSA) has been submitted. Complete this form ONLY if there has been a recent unusual or extenuating circumstance, which have caused a significant decrease in your taxable or non-taxable income.

Each request for a special circumstance review is evaluated on an individual basis. In order to have your award re-evaluated; your initial award must be processed first. The number of special circumstance requests by this office may possibly cause a delay in reviewing your application.

Circumstances which might be considered unusual or extenuating may include (but not limited to) the following:

- A. Income Reduction**
- B. Dependency Override**
- C. Budget Increase**

NOTE: Current or future financial aid could be adjusted/revised if the documentation does not support the claim.



Please select **ONLY ONE** of the appropriate boxes.

A. INCOME REDUCTION

Will your income and/or your parent(s)/Spouse's income be less in the 2017 calendar year than reported on your FAFSA? Select one option

1. UNEMPLOYMENT Effective Date _____ New Date of Employment _____ **Required**

Documents:

- Employment Verification Form (notarized on employer letterhead)
- Certification of total 2016 unemployment benefits eligibility
- Current 2016 earnings up to the last date of employment (a check stub must be provided)
- 2016 1040 Tax Returns (previous year)

2. CHANGE IN EMPLOYMENT Effective Date _____

Required Documents:

- Employment verification Form (notarized on employer letterhead)
- First and/or last date of employment
- Current 2016 earnings up to the last date of employment (a check stub from you former employer must be provided)
- Current 2016 earnings (last two check stubs from current employer)
- 2015 1040 Tax Returns (previous year)

3. RETIREMENT Effective Date _____

Required Documents:

- Employment Verification Form (notarized on employer letterhead)
- First and/or last date of employment
- Current 2016 earnings up to the last date of employment
- 2016 1040 Tax Returns (previous year)
- if military discharge, copy of DD214
- retirement statement for
- Certification of unemployment benefits (if applicable)

4. DIVORCE/SEPARATION Effective Date _____

Required Documents:

- Divorce (copy of divorce decree)
- Separation (copy of legal separation or signed copy from an attorney indicating date of separation or a notarized statement verifying separation)
- Rent and/or utility receipts for both parents
- 2016 1040 Tax Returns (both parties) previous year •2016 W-2s (both parties) previous year

5. DEATH Effective Date _____

Required Documents:

- Obituary
- Copy of death decree

6. DISABILITY Effective Date _____

Required Documents:

- A letter from the doctor stating the nature and date of disability
- Copy of expected social security benefits for

7. LOSS OF BENEFITS AND/OR UNTAXED INCOME Effective Date _____ **Please**

check appropriate box below:

Child Support Alimony Workman's Comp Social Security Disability Other **Required**

Documents:

- Letter certifying appropriate loss on verifying letterhead.

8. DEPENDENCY OVERRIDE

Required Documents: Death certificate(s) or verification of incarceration MUST be provided along with three notarized letters from a family member, high school counselor and clergy of court.



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ESTIMATED INCOME FOR 2018 CALENDAR YEAR

(Please complete applicable sections)

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

NOTE: Write in zero (0) if an item does not apply (01/01/2017-12/21/2017)

	Father	Mother	Student	Spouse
Taxable: Wages, Salaries, and Tips				
State Unemployment Benefits				
Pension				
Alimony				
Other (please specify)				
Non-Taxable: Social Security Benefits				
AFDC				
Child Support Received				
Other Untaxed Income/Benefits				
TOTAL ANTICIPATED INCOME				
Cash & Savings				



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STATEMENT OF EXPLANATION

(All must complete this section)

Please explain in detail the reason(s) for your request for special consideration. Give details of your income reduction, extenuating circumstances or additional expenses. Provide an additional sheet if necessary.

Lined area for writing the explanation.

CERTIFICATION STATEMENT:

** Although your Special Circumstances may be approved, it may not warrant additional aid due to availability of funds. We certify that the information provided on this form is complete and accurate to the best of our knowledge. If additional changes occur during the 2018 - 2019 academic year that would alter the information provided on this Special Circumstance Form, we will immediately contact the Financial Aid Office.**

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

(Step) Father's Signature _____ Date _____

(Step) Mother's Signature _____ Date _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Special Circumstance Application Page 4 Revised 03/2016