



**2016-2017 INDEPENDENT
Special Circumstance Review**

Last Name (Student) First Name M.I.

Daytime Phone number (include area code) Missouri S&T Student ID#

Please indicate all the circumstances that may apply to your situation. These forms and documentation can be scanned and emailed, faxed, postal mailed, or brought to the Student Financial Assistance Office. Please send all documents together, and be sure to make **copies** of your documentation, as these documents will not be returned.

If you have lost income based on one or more of the following conditions and your Expected Family Contribution (EFC) is not already \$0, an adjustment of your 2016-2017 FAFSA information may be possible. (If your EFC is zero, an adjustment to your FAFSA information will not change your eligibility for need-based aid and a Special Circumstance review will not be completed). If additional documentation is needed, you will receive the request via your S&T email. **(Please check that you have attached the following for the appropriate category)**

Required Documentation (All Categories)

NOTE: These documents are **required** before we can begin your Special Circumstance review. If you have already submitted the required verification worksheet and tax information, you do not need to submit these documents again.

- Use the IRS Data Retrieval Tool on the FAFSA (fafsa.gov) or provide copies of yours 2015 IRS Tax Return Transcripts.
- Verification Form for Independent Students - (attached to the end of this form)
- Explanation of Special Circumstances

Additional Required Documentation related to Specific “Special Circumstances”

Loss of Income/Employment

- Letter(s) of termination (including date of termination) from employer(s)
- Copy of final pay stub(s) showing year-to-date income prior to termination
- Unemployment award letter (if applicable)

Disability/Retirement/Job Change

- Letter(s) from employer(s) documenting date employment ends (if due to disability or retirement)
- Letter(s) from employer(s) documenting reduction in income due to job change (must include salary or wage information)
- Copy of final/current pay stub showing year-to-date income

Divorce/Separation/Death of a Spouse after filing

- Copy of legal document related to requested change (acceptable documentation includes legal notice of separation, divorce decree, death certificate)
- Documentation of any life insurance benefits received (if death of a spouse or parent) or child support payments (if divorce)

Loss or Reduction of Social Security Benefits, Child Support, or Alimony

- Original 2014 benefit statement listing total amount received
- Revised 2015 benefit statement and/or court documents listing updated amount to receive and effective date
- Copy of statement from Social Security Administration documenting change in benefits

Elementary or Secondary School Tuition

- Documentation of private elementary, junior high and/or high school tuition paid, or to be paid in 2016-2017. Please download, complete, and attach the Elementary and Secondary Tuition Verification Form from <http://sfa.mst.edu/forms/>.

Medical Expenses – Family

**Note: The FAFSA already protects a portion of a family’s income for medical expenses and therefore, the total amount of paid medical expenses must exceed 11% of the amount on the “Income Protection Allowance” chart for an adjustment to be made.*

- Documentation of expenses paid between Jan. 1, 2016 and Dec. 31, 2016 (e.g. hospital and doctor’s statements, receipts, paid bills, and/or insurance benefit statements) for the family. If formal payment plan(s) have been made, submit copy of signed agreement.

Table C3: Income Protection Allowance					
Number in student’s household, including student (FAFSA/SAR #95)	Number of college students in the household (FAFSA/SAR #96)				
	1	2	3	4	5
2	\$25,210	\$20,900	not applicable	not applicable	not applicable
3	\$31,390	\$27,100	\$22,790	not applicable	not applicable
4	\$38,760	\$34,460	\$30,170	\$25,850	not applicable
5	\$45,740	\$41,420	\$37,130	\$32,830	\$28,540
6	\$53,490	\$49,190	\$44,910	\$40,580	\$36,300

Note: For each additional family member, add \$6,040.
For each additional college student, subtract \$4,290.

Other Circumstances

- If you have circumstances you believe may qualify for a change in FAFSA information but are not listed above, please submit a written explanation and documentation of your circumstance along with this completed form. The above-mentioned criteria are only the most common reasons for Special Circumstances Review.

Expected 2016 taxable and non-taxable income & benefits

2016 U.S. Income earned from work: Student : \$ _____
{January 1st –December 31st} Spouse: \$ _____
Estimated 2016 totals: \$ _____

2016 other taxed and untaxed:

Complete the following as it applies to you:

	Student	Spouse
Social Security benefits \$ _____ x _____ months =	\$ _____	\$ _____
ADC OR AFDC	\$ _____	\$ _____
Child support	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Other untaxed benefits (specify _____)	\$ _____	\$ _____
Welfare benefits	\$ _____	\$ _____
Disability benefits	\$ _____	\$ _____
Other taxable income (include interest, dividends, business income, alimony, pension, capital gains, annuity, etc.)	\$ _____	\$ _____
Total estimated 2016 other taxed & untaxed income:	\$ _____	\$ _____

Certification: I/we certify that all information on this form is true, accurate and complete.

Statements and documents are attached to this form to support my request adjustments.

Student's signature: _____ Date: _____

Spouse's signature: _____ Date: _____
(If married, spouse's signature is optional.)

Daytime phone: _____ Cell phone: _____

Email address: _____

Return to: Student Financial Assistance Office
Missouri University of Science & Technology
G-1 Parker Hall, 300 West 13th Street
Rolla, MO 65409-0250
1.800.522.0938 or 573.341.4282
Fax: 573.341.4274
sfa@mst.edu



2016-2017 INDEPENDENT VERIFICATION (V1) WORKSHEET

Your FAFSA was selected by the U.S. Department of Education for review in a process called "Verification." In this process Missouri S&T is required to compare information from your FAFSA with the information on this worksheet and with any other required documents. The law states we have the right to ask you for this information and review it for accuracy under the financial aid program rules (34 CFR, Part 688). **Verification must be completed before your financial aid will be credited to your student account.**

INSTRUCTIONS

1. Complete all sections of this worksheet **in full**. **Incomplete forms will be returned.**
2. After you (and your spouse, if married) have filed a 2015 Federal Income Tax Return with the IRS:
 Log on to fafsa.gov and use the IRS Data Retrieval Tool to transfer your 2015 tax information to your 2016-2017 FAFSA .
 For eligibility, instructions, and a tutorial please go to: <http://sfa.mst.edu/forms/>
3. All documents must be submitted by the following deadlines:
 Fall 2016 Enrollment: October 31, 2016
 Spring 2017 Enrollment: March 1, 2017
4. Please return all documents requested to our office via fax to (573)341-4274, email to sfa@mst.edu or mail to G-1 Parker Hall, 300 W 13th St, Rolla, MO 65409-0250.

A. Student Information

Last Name	First Name	M.I.
Daytime Phone number (include area code)	Date of Birth	Missouri S&T Student ID#

B. Family Information

Full Name			Relationship
Write the names of the people who you will support below: 1. Include yourself as the student. 2. Include your spouse (if married). 3. Include your dependent children if you proved more than half of their support between July 1, 2016 and June 30, 2017. 4. Include other dependents , if they now live with your household and you will continue to provide <i>more than half</i> of their support through June 30, 2017.			Write the relationship of each family member to the student in the chart below.
			College
			Add the name of the college for any household member who will be enrolled in a degree, diploma, or certificate program, at an eligible postsecondary educational institution <i>at least half-time</i> any time between July 1, 2016 and June 30, 2017
Age			
Write the age of each family member in the chart below.			
Full Name	Age	Relationship	College
		Self/Student	Missouri S&T

*If more space is required, attach a separate page.

C. Student's (and spouse, if married) Information *Student Name / S&T ID #:*

Check only one box below regarding STUDENT Information

- a. I (and spouse) filed a 2015 Federal Tax Return and used the IRS DRT when filling out the FAFSA.
- b. I (and spouse) filed a 2015 Federal Tax Return and will provide a Federal Tax Return Transcript from the IRS.
- c. I (and spouse) was not employed, did not have income and not required to file a 2015 Federal Tax Return.
- d. I (and spouse) was employed and had income, but are not required to file a 2015 Federal Tax Return and I will list all my employer(s) and the amount that was earned in 2015 **in the chart below.**

COMPLETE ONLY IF BOX D. ABOVE IS CHECKED: Non-Tax Filers with 2015 earnings are federally required to submit a copy of W-2(s) from each employer to Missouri S&T with this form.	
Name of Employer	Amount Earned in 2015
	\$
	\$
	\$

*If more space is required, attach a separate page.

E. Manually sign this Worksheet. Forms with electronic/typed signatures will be returned.

Each person signing certifies that all the information reported is complete and correct. The student must sign this worksheet. (If married, the spouse's signature is optional.)

_____	_____	_____	_____
Student	Date	Spouse	Date

Daytime Phone number (include area code)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.