

Submit the completed form to:

Office of Student Financial Assistance  
 Indiana University Southeast  
 4201 Grant Line Rd.  
 New Albany, IN 47150

Name (student's name) \_\_\_\_\_

Social Security Number \_\_\_\_\_

The method used to determine a student's financial need is based on the applicant's 2004 income and assets. Also, if the student is dependent, the parents' 2004 income and assets are used. If, however, there has been a major change in your situation since filing the Free Application for Federal Student Aid (FAFSA), or if there were special circumstances that were not taken into consideration on the federal application, you (the student) should use this form to inform our office of the change in circumstances. **Please note that voluntary lifestyle changes cannot be taken into consideration.**

Please check the category that applies to you (the student), supply the indicated information and **complete the reverse side of the form**. If the change or special circumstance applies to the parents' information, the parent should complete the 2005-2006 Special Circumstance Form for Parents. Please return this form with the appropriate documentation to our office. While not all information will result in a recalculation of eligibility, Indiana University Southeast will review the data provided and recompute eligibility if it is appropriate to do so.

**Section 1 Conditions Related to Student Income:**

\_\_\_\_\_ A. My income for 2004 includes income that is typically received only once and my 2005 income is not reflective of the income I expect to receive in 2005. Please provide documentation of this "one-time" income.

\_\_\_\_\_ B. My income for 2004, as reported on the FAFSA, does not represent my expected 2004 income due to health problems in 2005 that prevent or reduce my ability to work. Please provide documentation from your doctor. **Also complete section 3.**

\_\_\_\_\_ C. My 2004 income as reported on the FAFSA will not be reflective of the income that I expect to receive in 2005 due to the fact that I have lost my full time job and have been unemployed for at least ten consecutive weeks in 2005. Please list dates of unemployment \_\_\_\_\_ to \_\_\_\_\_. **Also complete Section 3.**

\_\_\_\_\_ D. All or a portion of my student contribution from 2004 income was derived from non-taxable income (SSB, ADC, AFDC, etc.) which has been substantially reduced or eliminated in the 2005 year. **Also complete section 3.**

\_\_\_\_\_ E. My spouse's 2004 income as reported on the FAFSA will not be reflective of the income that he/she expects to receive in 2005 due to the fact that he/she has lost his/her full time job and has been unemployed for at least 10 consecutive weeks in 2005. Please list the dates of unemployment \_\_\_\_\_ to \_\_\_\_\_. **Please provide documentation (a copy of last paycheck, etc.) Also complete section 3.**

\_\_\_\_\_ F. I submitted my FAFSA and since that time, my spouse and I have divorced or separated. Please provide date of separation/divorce and appropriate documentation. Date \_\_\_\_\_. **Also complete sections 2 and 3.**

\_\_\_\_\_ G. I submitted my FAFSA and afterwards my spouse died. Please provide date of spouse's death \_\_\_\_\_. **Also complete sections 2 and 3.**

\_\_\_\_\_ H. I have another circumstance that is not listed here that impacts the income I reported in 2004. The circumstance cannot be due to a voluntary lifestyle choice. Please attach a written statement outlining your situation. Be sure to attach documentation. **Also complete section 3.**

**Section 2 Conditions Related to Extraordinary Expenses:**

\_\_\_\_\_ I. My 2004 income was used to support my parents due to their low economic status. Please provide documentation from your parent(s).

\_\_\_\_\_ J. I made payments on an educational loan in the calendar year of 2004. Please provide documentation as to the type of loan and the total amount of payment/(s) made.

\_\_\_\_\_ K. I incurred non-reimbursed medical/dental expenses, not covered by insurance, for myself or a member of my household in the 2004 calendar year. Please provide an itemized statement showing the amount **actually paid in 2004.**

\_\_\_\_\_ L. I paid elementary and/or secondary school tuition in the 2004 calendar year. Please provide a copy of check receipts or a statement from the school showing amount actually paid between Jan 1<sup>st</sup> and Dec 31<sup>st</sup>, 2004.

\_\_\_\_ M. I had an extraordinary expense in the 2004 calendar year, not listed here, that impacts my ability to contribute to my cost of education. The circumstances cannot be due to a voluntary lifestyle choice. Please attach a written statement outlining your situation and attach pertinent documentation.

**Section 2**

For circumstances F and G on the reverse side, please list the remaining household members of your household (including yourself) for the 2005-2006 school year. To be included as a household member, each individual must receive half or more of his/her support from you for the 2005-2006 year.

Name	Relationship to Student	Age

**Section 3**

For items B through H on the reverse side, please answer the following questions about yourself, student's, expected 2005 income. If you are married, your spouse's income must also be included even if you were not married in 2004. Where possible, please provide documentation of the expected income (for example, a current pay stub). Do not include any income in Column B that is already accounted for in Column A. Please do not leave any items blank. If the amount is zero or does not apply, enter \$0.

	Column A Gross Income received from 1/1/05 to today	Column B Estimated Gross Income expected after today until 12/31/05	Office Use Only Do Not write in this area
Student's Wages, salaries, tips			TX INC.
Spouse's Wages, salaries, tips			TX INC.
Interest or Dividend			OTX
Alimony			OTX
Child Support Received			UTX
Social Security			UTX
Welfare, ADC/FDC, TANF			UTX
Deductible IRA or KEOGH payments			UTX
Earned Income Credit			UTX
VA Non-Educational Payments			OTX
Worker's Compensation			
Unemployment Compensation			

I certify that all of the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Student's Signature                      Date                      Spouse's Signature                      Date

**OFFICE USE ONLY**

AGI	
STANDARD DEDUCTION	
NUMBER OF EXEMPTIONS X 3000	
NET TAXABLE INCOME	
ESTIMATED TAX	
APPROVAL	APPROVED                      DENIED