## 2024-2025 Special Circumstance Application - Independent Students

|                          |   | Student's First Name:   |  |
|--------------------------|---|---|--|
|                          |   | Augsburg E-mail:  |  |
| Student's Pl             | hone:   | <del></del>   |  |
| 2. Che<br>3. Atta<br>*Ac | ach a written statement expeditional documentation may be necessary   | ) below and provide additional documents as requested. plaining your special circumstance in detail. essary. Families will be notified via e-mail if this is the case. Please email   |  |
|                          |   | any questions about this application or the documentation requested.  |  |
|                          |   | not accurately reflect my current financial situation:  |  |
| L                        |   | t I receive has decreased since 2022. carding how much was received monthly and the date that the support stopped. Also ived for additional children.   |  |
|                          | insurance. Significant medical payments must be  o Provide an itemized account of   | to ills in either 2022, 2023, or 2024 that were not covered by the in excess of 3.5% of AGI.  If the out of pocket payments made toward medical costs.  It is a copy of your federal 1040 Schedule A for the cour 1040 tax form, include a copy of your federal 1040 Schedule A for the |  |
|                          | ☐ Student or spouse is unempl   | loyed and has been for <u>at least 8 weeks</u> .  |  |
|                          | Name of dislocated worker: _  | Date of job loss: / / .   |  |
|                          | <ul> <li>Provide 2022/2023 W-2s for standard who lost their job).</li> <li>Provide severance package documentation showing</li> </ul> | impacted, provide signed copy of 2022 and/or 2023 1040 form. udent and spouse and the most recent paystubs (including final paystub for person cumentation. Ig unemployment compensation. Ig to any other income received to compensate unemployment (withdrawal from                   |  |
|                          | ☐ During 2022. I had a one-tir  | ne additional source of taxable income.   |  |
|                          | o Provide a signed copy of your 2   | 2022 federal 1040 tax return (first two pages) and any related schedules. out where the additional income is reflected on your 2022 tax form, the source of   |  |
| С                        | <ul> <li>Provide signed copies of both t</li> </ul>   | The reduction in earnings since 2022.  The 2022 and 2023 1040 federal tax returns.  The student (and spouse) and the most recent paystub(s).  |  |

o Provide an explanation about change in earnings.

| <ul> <li>□ There has been a change to my household size since I filed my 2024-2025 FAFSA.</li> <li>□ Separation, divorce, or death of a family member.</li> <li>○ Please provide a copy of all 2022 W-2(s).</li> <li>○ Please provide legal documentation (legal separation, divorce decree, or death certificate).</li> <li>○ Please provide documentation if you will be paying or receiving spousal and/or child support.</li> <li>○ Complete Table A below.</li> <li>□ Adoption, birth, or fully supporting additional family members.</li> <li>○ Complete Table A below.</li> </ul> |   |                                  |                                     |  |  |  |
|--|---|----------------------------------|-------------------------------------|--|--|--|
|  | TABLE A Change in household size  Please complete this table if your household size has changed since you filed the 2024-2025 FAFSA |                                  |                                     |  |  |  |
|  | People in household*  | Relationship                     | Name of college, if attending       |  |  |  |
|  | 1 copic in nousenoid  | Aciauonsinp                      | rame of conege, if attenuing        |  |  |  |
|  |   |                                  |                                     |  |  |  |
|  | <u> </u>  |                                  |                                     |  |  |  |
|  |   |                                  |                                     |  |  |  |
|  |   |                                  |                                     |  |  |  |
|  |   |                                  |                                     |  |  |  |
| <ul> <li>*Household members include:</li> <li>The student (and spouse),</li> <li>The student's dependent children (even if they live apart due to college enrollment), and other people living with the student now. Include these dependent children and other people only if the student will provide more than half of their support between July 1, 2024, and June 30, 2025.</li> </ul> Other extenuating circumstances not captured on the FAFSA or on the questions above:   |   |                                  |                                     |  |  |  |
| □ Please attach a narrative explaining your circumstances and provide any relevant supporting documentation.   |   |                                  |                                     |  |  |  |
| Signat   | ure *** By signing this form you  | certify that all information rep | oorted is complete and correct. *** |  |  |  |
| St   | tudent Signature:   |                                  | Date:                               |  |  |  |
| oaso m   | ase make sure you have completed the following steps. Incomplete or unsigned forms will not be evaluated.                           |                                  |                                     |  |  |  |

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1. Submit your FAFSA to Augsburg.

My FAFSA does not reflect my family situation:

- 2. Check the appropriate box above and provide additional documents as requested.
- 3. Attach a written statement explaining your special circumstance in detail.