Office of Scholarships and Financial Aid

2019 - 2020

EXTENUATING CIRCUMSTANCE



1600 South College Street, Mountain Home, AR 72653 • Phone: 870-508-6100 • Fax 870-508-6286

INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

Types and amounts of federal financial aid are determined through filing Free Application for Federal Student Aid (FAFSA) online at http://www.fafsa.gov/. This form is not used to dispute the outcome of the FAFSA. The intent of this form is to address adverse changes to your family's financial strength that have already happened which the FAFSA does not consider.

Families that have experienced documentable financial difficulties related to a loss in income or exceptional expenses not already reflected by the FAFSA, may complete and submit a special circumstances application to the ASUMH Office of Scholarships and Financial Aid for reconsideration of financial need. A financial aid counselor is available during normal business hours to discuss your family's financial difficulties and if they may or may not affect aid eligibility.

The Arkansas State University – Mountain Home Office of Scholarships and Financial Aid reserves the right to request additional documentation to verify any aspect of this request.

ALL DECISIONS ARE FINAL

All decisions resulting from submission of this application are final and may not be appealed. Applications will be denied if your family's financial strength actually improved in 2018, unless there is documentable evidence that your family's financial strength has actually already gone down again since 2018 and there is not an expectation of recovering financially.

NOTICE OF DELAY

Submitting this request will suspend work on your financial aid application until all required documents have been received. Delayed submission of paperwork will always delay awards. Submission of this application WILL add additional time to your request for federal financial aid and could significantly delay awarding and/or delivery of Federal Financial Aid.

DEADLINES/CUTOFFS

Extenuating circumstances never happen at an opportune time, therefore we recommend all required and requested documents are submitted as soon as possible. However, to ensure the ASUMH Office of Scholarships and Financial Aid has sufficient time to complete the necessary work and consider any extenuating circumstance in order to make awards, the last day documentation will be accepted for Fall 2019 is November 1, 2019 and for Spring 2020 is April 1, 2020.

ALL REQUESTS WILL BE DENIED IF ALL REQUIRED DOCUMENTATION IS NOT SUBMITTED TIMELY

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INFORMATION AND INSTRUCTIONS

INSTRUCTIONS

- Meet the basic eligibility requirements for federal financial aid
- <u>Successfully</u> complete the 2019-2020 FAFSA and all desired corrections using ASUMH school code 042544 prior to any extenuating circumstance submission
 - o **DO NOT** make any corrections to the 2019-2020 FAFSA without contacting the ASUMH Office of Scholarships and Financial Aid once your extenuating circumstance has been submitted for consideration
- Complete and submit ALL requested documents resulting from the successful filing of the 2019-2020 FAFSA
 - A document list will be available when the school has received the 2019-2020 FAFSA results
 - ASUMH documents are available online at asumh.edu/faforms
- Complete and submit the following:
 - o 2019 2020 Extenuating Circumstance Application
 - Detailed written and signed explanation of your extenuating circumstance(s) including:
 - All dollar amounts necessary to explain the extent of any income or expense being explained.
 (Use specific dollar amounts and provide documentation to back them up.)
 - Statements of income earned in 2018, if the student and/or parent(s) will not be filing a 2018 IRS tax return
 - Statements of child support actually received or paid by the student and/or parent(s) in 2018
 - o 2019 2020 Verification Form. Read Carefully to ensure there are no additional documents required
 - 2017 and 2018 signed Internal Revenue Service (IRS) tax return(s) or transcript(s) and all relevant IRS federal income tax schedules for ALL family members represented on the 2019 2020 FAFSA
 - All Federal Income Taxes must be completed prior to consideration of extenuating circumstances
 - Families requesting an extension to file a 2017 or 2018 Federal Income Tax should not submit this
 application prior to filing their 2017 and 2018 Federal Income Taxes
 - 2017 and 2018 IRS form W-2's and/or IRS form 1099's for ALL family members represented on the 2019-2020 FAFSA
 - 2019 2020 Student Non-Tax Filer Form, if student did not file a 2017 IRS tax return
 - o 2019 2020 Parent Non-Tax Filer Form, if parent(s) did not file a 2017 IRS tax return
 - 2019 2020 SNAP Verification Form, if anyone represented on the 2019-2020 FAFSA received SNAP during 2016 or 2017 (SNAP documentation for received from outside of Arkansas during 2016 or 2017 from a state's SNAP administering agency is acceptable in lieu of the SNAP Verification Form)
 - 2019 2020 Child Support Verification Form, if anyone represented on the 2019-2020 FAFSA actually received or paid child support during 2017
- Additional documentation: Depending upon the nature of your request, additional documents may be required to
 consider your request. In most cases, additional documentation is necessary to support your request. Here are
 examples of additional documentation which you may want to provide or may be required to provide for your
 extenuating circumstances request.
 - Letter of dismissal from former employer
 - Death certificate of spouse or parent(s)
 - Copy of last or most recent pay stubs
 - Verification of unemployment benefits
- Copy of Divorce decree or notarized letter of separation
- Copy of custody papers
- Verification of disability income or benefits
- Documentation of loss of untaxed income or benefits
- Documentation of large one time income and proof of expenses paid with income.
- Itemized and totaled statement of medical expenses paid by means other than insurance. Proof of payment of
 medical expenses will be required. The amount of medical expenses considered is limited for families that
 choose to itemize medical expenses on federal income taxes.

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APPLICATION

Stuc	lent's Name: Student's ASUMH ID# or SSN				
info Prop	k ALL that apply and provide all the required documentation and additional documentation as outlined in the rmation and instructions if the 2019-2020 FAFSA does not accurately reflect the family's actual financial strength. Der documentation for a dependent student may include information for the parent(s) as well as the student. Proper umentation for an independent student may include information for spouse, if applicable.				
	Loss of employment or change in employment status for student and/or spouse or parent(s)				
	\square Provide a copy of last or most recent payroll check stub(s) reflecting total year-to-date wages for the student and spouse or parent(s), as applicable, and at least one of the following:				
	\square Letter from employer detailing the student's and spouse or parent(s) reduction in work; or				
	\Box Letter from employer detailing termination date and gross income, including any severance received or expected for 2018 or 2019; and/or				
	\square Paperwork from unemployment office reflecting receipt of unemployment benefits				
	Loss or reduction of untaxed income/benefits				
	Specify type of untaxed income/benefits				
	☐ Provide copies of summaries of benefits; and provide a letter from the agency that provided the benefits detailing termination or reduction of benefits				
	Disability of student and/or spouse or parent(s)				
	☐ Provide medical documentation of disability; and				
	\square Provide documentation of any benefits received as a result of the disability				
	\square Provide documentation of any decrease in income resulting from the disability				
	Death of spouse or parent				
	☐ Provide a copy of the death certificate; and				
	☐ Provide copies of 2017 W-2 forms for spouse or parent(s), as applicable, and for the student				
	Divorce/separation of student and spouse or parents				
	☐ Provide a copy of divorce decree or notarized letter of separation; and				
	☐ Provide copies of 2017 W-2 forms for spouse or parent(s), as applicable, and for the student				
	Reduction or loss of child support received				
	☐ Provide a copy of the court order reflecting a reduction in child support received				
	Private elementary/secondary school expenses for the 2019-2020 academic year				
	☐ Provide a copy of tuition bill for each sibling or child, as applicable				
	One-time income (i.e., inheritance, sale proceeds)				
	Discretionary use of the one-time income to pay expenses will be evaluated according to Federal Regulations. □ Provide documentation of the source and amount of the one-time income; and documentation of payment of expenses which exhausted the one-time income				
	Medical and/or dental expenses not paid by insurance which exceed 7.5% of 2017 adjusted gross income				
	\square Provide an itemized and totaled statement of medical expenses paid by means other than insurance and documentation of payment of medical expenses				
	Other unusual debt or expenses				
	☐ Provide documentation of the unusual debt or expense and proof of payment				

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2019 CIRCUMSTANCE CONSIDERATION

If the family's change in circumstance did not happen until 2019, or if the family's income in 2019 is less than both 2017 and 2018 you will need to complete the optional grid below.

- All 2019 year-to-date taxed and untaxed incomes reported in the grid must be accompanied by documentation.
- Provide an explanation of the estimates
- If your circumstance involves divorce or separation, provide only your information or the information of the custodial parent, if dependent.
- If loss of income was due to the death of a spouse or parent, give the student's information and the information of the surviving parent, if dependent.

ESTIMATED 2019 INCOME**	STUDENT	SPOUSE	PARENT 1	PARENT 2
Year-to-date wages, salaries, tips (include severance pay, disability payments, etc.)	\$00	\$00	\$00	\$00
Other taxable income (i.e., business, unemployment, worker's compensation)	\$00	\$00	\$00	\$00
Untaxed Social Security benefits	\$00	\$00	\$00	\$00
Child support received for all children	\$00	\$00	\$00	\$00
Other <u>untaxed</u> income (This includes but is not limited to money paid on your behalf for necessities such as food, shelter, and clothing)	\$00	\$00	\$00	\$00
Estimated wages, salaries, and tips for the remainder of the year (include severance pay, disability payments, etc.).	\$00	\$00	\$00	\$00
TOTAL Income	\$00	\$00	\$00	\$00

APPLICATION CERTIFICATION

I (we) certify that all of the information on this form and any attached, supporting documents are true, complete, and accurate to the best of my (our) knowledge. I (we) further understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of any financial aid received, and may subject me to a fine, imprisonment, or both, under provisions of the United States Criminal Code.

Student Signature		Date					
2000000 215		2 4.00					
Spouse or Parent Signature		Date					
77 001							
For office use only							
Financial Aid Administrator's Signature		Date					
rmancial Ald Administrator's Signature		Date					
Approved □	Denied \square						
rr							