

Office of Financial Aid 3219 College Street Box 20523 Savannah, Georgia 31404 (912) 358-4162 (912) 358-3167 fax

## 2012-2013 MITIGATING CIRCUMSTANCE PETITION

| Student's Name |      |               | SSU ID#: |
|----------------|------|---------------|----------|
|                | Last | First         |          |
| Phone #        |      | Email Address |          |

According to federal laws and regulations, a family's 2011 income is used to assess financial need for the 2012-2013 school year. If a family's 2012 income will be lower due to special circumstances, the financial aid administrator may be able to use 2012 income to assess financial need. If the financial aid administrator's review of your special circumstances establishes that you are eligible for additional federal aid, your award will be modified accordingly. This form is to be completed only by the parents of dependent students, or independent students and/or their spouse.

#### **\*\*Submit the following:**

- <u>Typed</u> statement of explanation
- Signed copies of yours and/or parent's 2011 federal tax transcripts
- <u>All</u> documents listed below for the applicable circumstance(s) and check applicable circumstance(s)

### \*Check appropriate box(es).\*

#### <u>Unemployed</u>

- □ Copy of your last **2012** pay stub to verify the **2012** income earned as of the date of separation and record of unemployment received if applicable.
- □ Statement of source and amount of expected **2012** income if you are not receiving unemployment benefits.
- □ Letter from employer (or documentation from local unemployment office) stating effective date.

#### **Reduced Work Hours**

- □ Letter on employer letterhead stating the date the reduced hours began, the number of hours worked per week and a copy of your most recent pay stub as a result of the reduced hours.
- □ Copy of your last full time pay stub showing **2012** income earned before the reduction in hours.
- □ Written statement as to whatever the circumstances for the reduction in work hours.

#### <u>Medical</u>

□ Copy of the itemized billing statement from your medical provider indicating medical expenses **paid out of pocket** by you in **2011/2012**.

#### Separation/Divorce

- $\Box$  Copy of petitioner's **2011 W-2(s)**
- □ Copy of divorce petition or decree
- □ Copy of the letter of legal separation or letter from lawyer indicating the date of separation.

#### Loss of Nontaxable Income

□ Copy of nontaxable income source and date this source of nontaxable income will terminate or was terminated.

#### **One-time Income**

(Inheritance, back year(s) Social Security payments, lump sum retirement, severance pay or IRA distribution)

□ Written statement as to the source(s) of income and how these funds were spent or invested and are now not available. **Death of Parent/Spouse** 

#### $\Box$ Copy of death certificate

# <u>\*\*Failure to provide complete and detailed information will delay the process and/or automatically deny your</u> request.

| Approved [ | ] Denied [ | ] Financial Aid Officer: |
|------------|------------|--------------------------|
|------------|------------|--------------------------|

\_\_\_\_\_ Date:\_\_\_\_\_

Comments:\_\_\_\_\_