

2023-2024 Special Circumstances

Student Information

Use BLACK or BLUE ink only

Student Name

Student ID

Student Phone Number

Recommended deadlines for submitting this form as this process may take up to 6 weeks to process:

November 15, 2023 – if Fall 2023 is your final semester at Boise State (if you are graduating or transferring)

April 1, 2024 – if you will attend Spring 2023 at Boise State.

Please check with financial aid for Summer semester, as it is based on enrollment dates.

A Special Circumstances can be submitted for students or parents that have a unique situation where the financial information listed on the FAFSA no longer reflects their current financial situation or their ability to pay for school. With corresponding documentation, the Boise State Financial Aid Office may be able to adjust your FAFSA information to reflect your current situation. Special Circumstances are considered on a case-by-case bases.

Which individual(s) experienced a reduction in income? Check all that apply.

☐

Student

☐

Spouse

☐

Parent(s)

Complete the following steps:

1. [Schedule an appointment](#) with a financial aid counselor.
2. Complete this 2023-2024 Special Circumstances form.
3. Attach a signed, detailed statement of the circumstances leading to the request (who, why, when). Space is provided on page 4.
4. Attach a **signed copy** (using a pen or stylus) of your 2022 tax return or IRS Tax Return Transcripts.
 - After February 1, 2024 you may be required to submit 2023 tax documents.
5. Attach all W2's/1099's from 2022.
 - Can't find them? You may request Wage and Income Transcripts from [irs.gov](https://www.irs.gov).
6. Attach all documentation pertaining to each specific circumstance checked on page 2.
7. Please make sure to include income information for you the student and spouse/parent(s).

CERTIFICATION – by signing below,

- I agree to provide further documentation to substantiate the information provided if requested.
- I understand that all requests are reviewed on a case-by-case basis and my request may not result in an actual change in financial aid.
- All of the information on this form is true and complete to the best of my knowledge.

Handwritten or Stylus Signatures are Required – typed will not be accepted

Student Signature

Date

Parent 1 Signature

Date

Spouse Signature

Date

Parent 2 Signature

Date

Deliver to: Boise State Financial Aid Office, Administration Building, Room 124, 1910 University Drive, Boise, ID 83725-1365

Email: FinancialAid@BoiseState.edu | **Phone:** (208) 426-1664 | **FAX:** (208) 426-1305

Note: Documents containing Social Security numbers may **not** be accepted via email. Please redact the number(s) or submit a different way.



Student Name _____

Student ID _____

Special Circumstances - Check all items that apply

Income will be significantly less than what is reported on the FAFSA due to (check all that apply):

- ☐ Involuntary reduction in parent, student or spouse employment or unemployment for 8 weeks
 - ☐ **Layoff:** Attach a document from employer showing effective date and severance paid. **Effective Date** _____
 - ☐ **Business Closure:** Attach documentation of Closure. Name of Business _____
 - ☐ **Termination:** Attach a letter from employer stating effective date. **Effective Date** _____
 - If this is not available, provide documentation from local unemployment office.
 - ☐ Other: Please specify and attach documentation. _____
- ☐ New employment with lower wages - **Effective Date** _____
 - ☐ Attach last five paystubs or at least two full months of income statements
- ☐ Quit or reduced employment to attend school - **Effective Date** _____
 - ☐ Attach document from employer stating effective date.
- ☐ Loss of taxable income
 - ☐ **Unemployment:** Attach unemployment office document showing beginning end date. **Effective Date** _____
 - ☐ **Alimony:** Attach court document stating termination date of benefit.
 - ☐ **Other:** Please specify and attach documentation. _____
- ☐ Loss of untaxed income
 - ☐ **Social Security/Disability benefits:** Attach documentation from agency that states when benefits stopped and amount received in 2022 and/or 2023. **Date Benefits Stopped** _____
 - ☐ **Child Support:** Attach documentation from agency that states when benefits stopped and amount received in 2022 and/or 2023. **Date Benefits Stopped** _____
 - ☐ **Worker's Compensation:** Attach a letter from the Bureau of Worker's Compensation stating termination date of benefit. **Date Benefits Stopped** _____
- ☐ Death of spouse or parent - **Date of death** _____
 - ☐ Attach documentation for date (Ex: death certificate or obituary)
 - ☐ Attach the signed 2021 federal tax return or tax return transcript for the deceased.
 - ☐ Attach copies of all W2/1099 forms associated with the deceased's 2021 federal tax return.
 - ☐ Anticipated life insurance claim amount: \$ _____
- ☐ Divorce or legal separation - **Date of divorce or legal separation** _____
 - ☐ Attach documentation for date (Ex: divorce decree, court order, statement from attorney)
 - ☐ Attach a signed (using a pen or stylus) 2021 federal tax return or tax return transcript.
 - ☐ Attach copies of all W2/1099 forms associated with the parent being used.
 - ☐ Documentation of expected child and or/spousal support payments
- ☐ One-time income (i.e. inheritance, moving expense allowance, lump sum retirement or IRA distribution.)
 - ☐ Attach documentation that identifies the source and amount of income and itemize how the funds were spent or invested.
Note: Please ensure you have a hard signature (using a pen or stylus) on the taxes reflecting this information or a hard signature on the line items that reflect the amount on the Tax Return Transcript
- ☐ Other extenuating circumstance
 - ☐ Appointment must be made with a financial aid counselor to address other situations

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**Income and Asset Information**

Mark "0" or amount in EVERY BOX. Report in each column for all individuals listed on the 2023-2024 FAFSA.
Boxes left blank will not be accepted.

Description of income/asset	Student	Spouse	Parent(s)
Interest or dividend earnings			
Unemployment Benefits			
Cash support or any money paid on your behalf, including support from a non-custodial parent or any other person.			
Child Support Paid			
Child Support Received			
Veterans non-educational benefits (Ex: death pension, dependency & indemnity compensation, disability, work-study, etc.)			
Withdrawals from tax-deferred pension, savings, IRA's, 401(k), 403(b) plans or life insurance disbursements			
Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits.)			
Other untaxed income (i.e. disability benefits AFDC, ADC, other Welfare benefits, Refugee Assistance, JTPA non-education benefits). Please specify what it is.			
Assets: As of today, what is your total balance of cash, savings, and checking accounts? Do not include student financial aid.			
Assets: As of today, what is the net worth of investments, including real estate (not including the home you live in)?			
Assets: As of today, what is the net worth of current businesses with 100 or more employees and/or investment farms? Do not include a farm that you live on and operate.			
Exemptions: What amount of the gross earnings reported on this form is from federal or state work-study income (do not include veteran's work-study here)?			
Workman's Compensation not included on your taxes.			

CURRENT WORK INFORMATION

Provide all work locations you, your spouse and/or parent (s) have worked since July 2022 and will work until May 2024. Please also include the average amount of hours you will work each week.

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Supplemental Written Statement Explaining Circumstances Leading to this Request

If needed, please use this space to provide a detailed statement explaining the circumstances leading to this request.

Signature of person providing this statement

Date

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