



Name: _____ Student ID: _____

List the date the change in financial circumstance occurred: ____ / ____ / ____

Does the student have any siblings currently attending SFSU also submitting a Special Circumstance Petition?
If yes, please provide all SFSU ID's: _____

Documents Required for all Special Circumstances Appeals:

- Signed copy of 2021 tax return including all schedules for parent(s) on record for FAFSA or student (if Independent)
- All 2021 W2's for parent(s) on record for FAFSA or student (if Independent)
- Signed statement by student explaining circumstances that you would like us to consider
- Additional documents to validate your appeal

Select the situation that applies and provide documentation requested:

Separation/Divorce

- Name of the custodial parent whose information will remain on FAFSA:

- Has the Parent Remarried? YES NO
- Court documentation verifying legal separation or divorce OR Proof of separate residences for both parents listed on FAFSA

Death of a Parent/Spouse

- Death Certificate

Deduction of One-Time Income

- Letter from parent/student explaining the one-time payment or reason for withdrawal
- Verification of the amount of the withdrawal/payment
- Verification of what funds were used for (provide receipts of paid bills, etc. payment of consumer debt will not be considered)

Unusual medical, dental, or nursing home expenses

- Federal income tax form, Schedule A (Itemized Deductions) or Receipts for payments if not available
- Canceled checks or
- Receipts showing documentation of costs covered by insurance and amount owed by patient
Documents need to be sorted and submitted by the patient (if medical is for more than one family member) and in chronological order. Please make sure not to send duplicates of expenses. Documents not dated or dated outside of the current academic year will not be accepted.

Loss of Child Support

- Verification of child support received in 2021 and
- documented proof of cessation of benefits



SFSU Student ID: _____

Loss of Employment/Reduction of Income

- Name of person that lost job: _____
- Relationship to Student: _____
- Last date of Employment: _____
- Will funds be taken out of your IRA, 401K or other retirement plan to supplement your income? *If so, please provide documentation of withdrawal amount and what funds will be used for.*
 YES NO AMOUNT \$ _____
- Has new employment been found? YES NO
If so please provide most recent pay stub from new employer.
- Letter of separation from employer or change of status notification (if reduction in income)
- Final paystub if employment is lost; adjusted paystub if income was reduced
- Verification of Severance pay, if applicable
- Verification of Retirement benefits, if applicable
- Verification of Disability Benefits, if applicable
- Unemployment benefits summary documentation

Other

- Parent's enrollment in postsecondary education program
 - Parent's registration statement
- Elementary and secondary school tuition for dependent student's sibling or independent student's child
 - Receipts for tuition payments
- _____
 - Letter from parent/student explaining circumstances
 - Supporting documentation of circumstances described

Certification Statement

I certify that the information provided on this form and all attached documentation is true and complete to the best of my knowledge. I agree to provide further documentation for verification of this information if requested by the Office of Student Financial Aid. I understand that San Francisco State University may verify all estimates of income at year-end. Adjustments may be made to current or future financial aid if inaccurate estimates of income result in financial aid overaward.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

How to Submit: When possible please combine *form with all documents* as a single PDF file before uploading to DocuSign: <https://financialaid.sfsu.edu/content/online-document-submission-0> or submit a copy of form and documents at the One Stop in the Student Services Building during regular business hours.

FAA use only

APPROVED / DENIED

____ Selected for Verification & Verified

Date Reviewed: _____

Counselor: _____

OG EFC: _____ New EFC: _____

Notes: _____