

C. SUPPORTING DOCUMENTATION (REQUIRED)

IMPORTANT: All verification and/or Satisfactory Academic Progress (SAP) requirements listed on the myDSU portal under Financial Aid>Home (Award year 2024-25) must be completed prior to review of this Special Circumstances Application.

Please answer **ALL** questions for each applicable circumstance and submit **ALL** required supporting documentation with this application to prevent processing delays.

Check applicable circumstance(s)	Complete all blanks for each circumstance checked. <i>If additional space is needed, attach an additional page.</i>	Required Supporting Documentation Checklist Use this checklist to ensure that all required documentation is submitted with your application. <i>"You" and "your" refers to the individual(s) who experienced the circumstance.</i>
<input type="checkbox"/> Loss of employment resulting in total unemployment	<p>Name of person(s) who experienced a loss of employment: _____</p> <p>Last date worked: _____/_____/_____</p> <p>Have unemployment benefits been received as a result? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has severance pay been received as a result? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> 2024-2025 V1 Verification Worksheet, <input type="checkbox"/> IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2023 Federal Tax Return Transcript (s) or signed 2023 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2022 & 2023 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), <input type="checkbox"/> Last 2 pay stubs showing year-to-date earnings, <input type="checkbox"/> If married, at least 2 of your spouse's most recent paystubs, <input type="checkbox"/> Letter(s) from your former employer stating the last date of employment, <input type="checkbox"/> Benefit notice from employment office (proof of unemployment), if applicable
<input type="checkbox"/> Reduction in earnings	<p>Name of person(s) who experienced a reduction in earnings: _____</p> <p>Date Reduction in Earnings began: _____/_____/_____</p> <p>Start date of new job, if applicable: _____/_____/_____</p> <p>Return to work date, if applicable: _____/_____/_____</p>	<input type="checkbox"/> 2024-2025 V1 Verification Worksheet, <input type="checkbox"/> IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2023 Federal Tax Return Transcript (s) or signed 2023 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2022 & 2023 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married) <input type="checkbox"/> Last 2 pay stubs showing year-to-date earnings, <input type="checkbox"/> If married, at least 2 of your spouse's most recent paystubs, <input type="checkbox"/> Letter(s) from your former employer stating the last date of employment, <input type="checkbox"/> 2 or 3 of your most recent 2024 pay stubs from your current employer, if applicable, <input type="checkbox"/> Benefit notice from employment office (proof of unemployment), if applicable
<input type="checkbox"/> Other Loss of Income <ul style="list-style-type: none"> <input type="radio"/> Alimony <input type="radio"/> Child Support <input type="radio"/> Retirement or Pension <input type="radio"/> Social Security (taxed) <input type="radio"/> Worker's Compensation 	<p>Name of person(s) who experienced a loss of other income: _____</p> <p>Date Benefit(s) began: _____/_____/_____</p> <p>Date Benefit(s) ended: _____/_____/_____</p>	<input type="checkbox"/> 2024-2025 V1 Verification Worksheet, <input type="checkbox"/> IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2023 Federal Tax Return Transcript (s) or signed 2023 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2022 & 2023 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2023 benefit statement listing total amount received, <input type="checkbox"/> 2024 benefit statement listing updated amount to receive and effective date

<p>Check applicable circumstance(s)</p>	<p>Complete all blanks for each circumstance checked. <i>If additional space is needed, attach an additional page.</i></p>	<p>Required Supporting Documentation Checklist Use this checklist to ensure that all required documentation is submitted with your application. <i>“You” and “your” refers to the individual(s) who experienced the circumstance.</i></p>
<ul style="list-style-type: none"> <input type="radio"/> One-Time Lump Sum 401K/pension withdrawal included in 2022 adjusted gross income 	<p>Name of person(s) who received this income: _____</p> <p>Amount of Lump Sum received in 2022: \$ _____</p> <p>Were additional funds withdrawn in 2023 or 2024? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 2024-2025 V1 Verification Worksheet, <input type="checkbox"/> IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2023 Federal Tax Return Transcript (s) or signed 2023 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), <input type="checkbox"/> Documents detailing One-Time Payment Amount, source, and reason, <input type="checkbox"/> You (and your spouse’s, if married) 2022 Form 1099-R(s)
<ul style="list-style-type: none"> <input type="checkbox"/> Death of FAFSA parent or spouse (<u>after</u> the FAFSA was filed) 	<p>Name of deceased: _____</p> <p>Date of death: ____/____/____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 2024-2025 V1 Verification Worksheet, <input type="checkbox"/> IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), <input type="checkbox"/> Copy of death certificate or published obituary if death certificate is not available
<ul style="list-style-type: none"> <input type="checkbox"/> Divorce or legal separation (<u>after</u> the FAFSA was filed) 	<p>Are you separated or divorced? <input type="checkbox"/> Separated <input type="checkbox"/> Divorced</p> <p>Date of separation/divorce: ____/____/____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 2024-2025 V1 Verification Worksheet, <input type="checkbox"/> IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), <input type="checkbox"/> Divorce decree or separation agreement or proof of separate addresses (mortgage/lease/power or water bill)
<ul style="list-style-type: none"> <input type="checkbox"/> Medical/dental expenses paid out-of-pocket (not paid by insurance or by using FSA/HSA accounts) 	<p>Name of person who paid the medical expenses: _____</p> <p>Choose applicable year (check only one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total out-of-pocket expenses paid in 2023: \$ _____ <li style="text-align: center;">-OR- <input type="checkbox"/> Total out-of-pocket expenses paid in 2024: \$ _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> 2024-2025 V1 Verification Worksheet, <input type="checkbox"/> IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), <input type="checkbox"/> Proof of medical/dental bills paid out of pocket. Documentation may include: paid receipts, a payment history from each medical/dental provider, bank statements, or cleared checks. An Explanation of Benefits (EOB) is not acceptable. <input type="checkbox"/> Schedule A from your Federal Tax Return (2023 or 2024), if applicable
<ul style="list-style-type: none"> <input type="checkbox"/> Private School Tuition for a child 	<p>Name(s) of child(ren) for whom tuition was paid: _____</p> <p>Choose applicable academic year (check only one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total out-of-pocket tuition paid in academic year 2023-2024: \$ _____ <li style="text-align: center;">-OR- <input type="checkbox"/> Total out-of-pocket tuition paid in academic year 2024-2025: \$ _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> 2024-2025 V1 Verification Worksheet, <input type="checkbox"/> IRS Data Retrieval Tool, 2022 Federal Tax Return Transcript(s), or signed 2022 1040 tax forms for student and parent(s), or student and spouse (if married), <input type="checkbox"/> 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), <input type="checkbox"/> Receipts and/or statements from school(s) for applicable academic year (2023-2024 or 2024-2025) indicating the amounts paid out-of-pocket and for whom.

D. CERTIFICATION AND SIGNATURE REQUIRED

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information on this worksheet I may be fined, sent to prison, or both.

Print Student's Name

Student's ID Number

Student's Signature (Required)

Date

Parent's Signature – Dependent Students (Required)

Date

Equal Access Statement

Delta State University is committed to maintaining a learning and working environment free from sexual and gender-based discrimination or harassment. Our goal is for all to have equal access to the many great services and opportunities we offer. For more information, or to report an incident, see <https://www.deltastate.edu/titleix/> or email titleix@deltastate.edu.