

LOUISIANA TECH UNIVERSITY Office of Financial Aid

Request for Special Circumstances 2024-2025 FORM B

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272

STUDENT'S CWID or SSN

STUDENT'S Date of Birth (MM/DD/YYYY)

INSTRUCTIONS:

STUDENT'S Last Name

STUDENT'S Mailing Address (include Apt. No.)

According to federal laws and regulations, a family's 2022 income is used to assess financial need for the 2024-2025 academic year. If a family's 2024 income is lower due to special circumstances, a financial aid administrator may be able to use the 2024 income to assess financial need. The government regulations require a professional judgement to be performed on accurate data. Any time a student submits a request for special consideration, he/she MUST go through the Verification Review Process and receive / respond to his/her 1st Award Letter based on the family's 2022 income FIRST. After these 2 processes have been completed and all required documents have been received, THEN the student's Special Circumstances Request can be processed. Verification documents may be obtained from our website www.latech.edu/finaid via the student's NetPartner Account.

- 1. Complete all required sections of the attached form and provide complete documentation.
- 2. You must attach a brief description of your reasons for requesting special consideration.

First Name

You will be notified by email of our decision as soon as possible after receipt of your complete request application and supporting documentation.

Special Circumstances Request using 2024 income will not be processed until after November 1, 2024 per LA Tech Professional Judgement Policy.

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City	State	Zip Code	STUDENT'S Home Phone (Include area code)				
STUDENT'S Email Address			STUDENT'S Cell Phone (Include area code)				
FOR OFFICE OF FINANCIAL AID STAFF USE ONLY							
Prior Year Special Circumstance:	Yes	No					
Denied / does not meet criteria							
Request reviewed / does not result in additional financial aid eligibility							
Request Approved							
Other (see comments)							
Prior EFC:		Date corrections submitted via ED	E:				
New EFC:		Date corrections received via EDE	Ē:				
Reviewing Counselor:		Date:	Emailed Notification				

COMMENTS:

Whose income has changed? (check all that apply)

Student's Spouse's Parent's

Loss of income from work. Complete sections B and C on page 3.

Period of unemployment (mm/dd/yyyy)

Layoff. Provide a letter from employer stating effective date and anticipated return.

Plant Closing. Provide a letter from employer stating effective date.

Termination. Provide a letter from employer stating effective date. If this is not available, provide documentation from the local unemployment office.

Disability. Date of disability (mm/dd/yyyy) . Attach supporting documentation.

Quit or reduced employment to attend school. Provide a letter from employer stating effective date.

Loss of taxable income. Complete sections B and C on page 3.

Alimony. Provide court document(s) stating termination date of benefits.

Unemployment. Provide a letter from the unemployment office stating termination date of benefits.

Loss of untaxed income. Complete sections B and C on page 3.

Social Security. Provide Social Security Administration notification of termination stating the date of benefits.

Child Support. Provide a letter or court documentation stating termination date of benefits.

Worker's Compensation. Provide a letter from the Bureau of Worker's Compensation stating termination and date of benefits.

Divorce. Since applying for financial aid, you or your parents have become divorced. Date of divorce (mm/dd/yyyy)

. Provide only your information when completing sections B and C on page 3. **Attach a copy of the divorce decree.**

Separation. Since applying for financial aid, you/parents have become separated. Date of separation (mm/dd/yyyy) . Current address of spouse:

Attach a letter of separation from an attorney. Provide only your information when completing sections B and C on page 3.

Death of Spouse. Since applying for financial aid, your spouse/parent(s) have died. Date (mm/dd/yyyy) Provide documentation. Give only your informatoin when completing sections B and C on page 3. **Attach a copy of the death certificate, newspaper obituary, or memorial service program.**

One-time income. (ie Inheritance, moving expense allowance, back year Social Security payments, or lump sum retirement or IRA distribution). You must attach a separate sheet that identifies source of income and how funds were spent or invested. Complete sections B and C on page 3.

Parent in College. Parent is enrolled at least half-time in a valid degree program for the 2024-2025 academic year. Must complete the 2024-2025 Proof of Parental Enrollment Form.

Other unusual expenses paid.

Medical or dental expenses. You have paid medical or dental expenses for the 2024 calendar year that are not covered by insurance; these expenses exceed 20% of your total income. Provide a copy of Schedule A of 2024 Federal Tax Return or copies of cancelled checks for 2024 and confirmation of total amount paid by insurance in 2024.

Other. Please specify and provide appropriate documentation.

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B: Report all income you received from January 1, 2024 through December 31, 2024.

Income for January 1, 2024 to December 31, 2024	Mother (if applicable)	Father (if applicable)	Student (if applicable)	Spouse (if applicable for Independent Student)
2024 Income earned from work (wages, tips, net business / farm income)	\$	\$	\$	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment, compensation, capital gains, etc.) INCLUDE SOURCE OF TAXABLE INCOME	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Aid to Families with Dependent Children or ADC	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Other untaxed income (earned income credit, welfare benefits, workers comp, Payments to IRA / Keog, etc)	\$	\$	\$	\$
TOTAL INCOME FOR 2024	\$	\$	\$	\$

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS, <u>AS ARE APPLICABLE</u> TO UPDATE YOUR STUDENT AND PARENT INFORMATION ON YOUR 2024-2025 FAFSA:

VERIFICATION DOCUMENTS

SPECIAL CIRCUMSTANCES DOCUMENTS

Mother's/Step-Mother's 2022 W-2

Father's/Step-Father's 2022 W-2

Student's 2022 W-2

Parent's 2022 IRS Tax Form 1099

Student's 2022 IRS Tax Form 1099

Parent's 2022 IRS Tax Return Transcript

Student's 2022 IRS Tax Return Transcript

Mother's/Step-Mother's most recent pay stub

Father's/Step-Father's most recent pay stub

Student's most recent pay stub

Brief Description of your reason(s) for requesting Special Circumstances

C: Certification: I hereby certify that the information provided above is true and correct to the best of my knowledge. I agree to provide proof of the information that I have been provided if requested to do so by the Office of Financial Aid. I understand that the penalty for providing false or misleading information is a \$10,000 fine, a prison sentence, or both.

Note: A Parent's Signature is required for dependent students only. A Spouse's signature is required for married students.

Parent's Signature:	Date:
Student's Signature:	Date:
Spouse's Signature:	Date:

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