



Financial Aid Office
1355 West Highway 10, Anoka, MN 55303
Phone: 763.576.4760
Fax: 763.576.4771

2008-2009 Consideration of Special Circumstances

SUBMIT AFTER JANUARY 1, 2009

Last Name: First Name: M.I.: Student ID or SSN:

Income from 2007 is used to determine eligibility for the 2008-2009 financial aid year. Please complete this form if your income (and your spouse's/parent's income if applicable) will be substantially less in 2008 than in 2007.

A. REASON FOR CHANGE

Please check the reason for your loss of income. Be sure to include the date this event happened.

- Unemployment or change in employment
Disability of student/spouse
Loss in income
Disability of parent
Death of spouse
Divorce/separation
Death of parent
Medical expenses
One time income received in 2007
Identify how funds were spent or invested (i.e. inheritance, 401(k), pension, etc.)

Date(s) of Change:

B. DETAILED EXPLANATION (please print clearly)

Please provide a detailed explanation of your situation (you may attach a separate sheet if you like):

Multiple horizontal lines for providing a detailed explanation.

PLEASE COMPLETE THE REVERSE SIDE

C. INCOME

Please attach signed copies of your:

2007 Federal Income Taxes

2008 Federal Income Taxes

Please include tax returns for your spouse (if you are married) and your parent(s) (if you are a Dependent student).

Please list unearned income in the chart below. For each item, please the total amount received during the 2008 calendar year.

Income Type	Student	Spouse	Father/Stepfather	Mother/Stepmother
Wages not listed on your tax return	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
AFDC/TANF/MFIP	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Cash or money paid on your behalf (e.g. bills, free rent)	\$	\$	\$	\$

D. SIGNATURES

By signing this form you are certifying the information provided is true and accurate. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Parent's Signature

(If parent's information was required on the FAFSA)

Date