Federal regulations require the Office of Student Financial Aid to use 2017 financial information from the FAFSA when determining financial need for the 2019-2020 school year. This form may be used if you feel that the FAFSA does not adequately reflect your financial condition for the 2019 tax year.

Please complete all three sections of this petition with estimated 2019 family income, and return it to the Office of Student Financial Aid with the required documentation. Please complete in blue or black ink.

NOTE: If documentation is not submitted with this petition, your request will not be processed.

Section 1: Student & Parent Information

______________________________  ____________________________
Student Name (Last, First, M.I.)       Student ECU (Banner) ID

______________________________  ____________________________
Student Spouse (Last, First, M.I.)       Parent/Stepparent Name (Last, First, M.I.)

______________________________  ____________________________
Parent/Stepparent Name (Last, First, M.I.)       Parent and/or Student Phone Number

Section 2: (please check all that apply)

_____ Loss of job(s) or benefit income – Student, spouse, or parent(s) has lost employment (due to layoff, termination, or involuntary resignation) since the last tax year reported on most recent FAFSA.

1. Who has lost earning? Name: ___________________________ Relationship to student: ___________________________
2. Dates of lost or reduced earnings: from _____________ to ______________
3. Benefit lost: ___________________________ ______________________ type amount
4. Requested Documentation:
   * Written explanation of situation including estimate of 2019 family income.
   * Evidence of loss of employment (termination notice or signed official letter from employer on company letterhead).
   * Evidence of loss of benefits (court decisions, letters of denial).
   * Most recent copy of 2019 pay stubs.
   * Copy of unemployment check(s) or pay stubs (or letter stating that unemployment was denied).
   * Copy of 2017 IRS Tax Return Transcript AND All W2s (Parents and Student).
   * Completed 2019-2020 Dependent or Independent Verification form.

_____ One-time nonrecurring income – Student, spouse, or parent(s) received a one-time lump sum (such as inheritance, retirement, IRA distribution, etc.) that was reported on the 2019-2020 FAFSA but is not expected to reoccur in 2019.

1. Who received the one-time income? Name: ___________________________ Relationship to student: ___________________________
2. Requested Documentation:
   * Written explanation of situation.
   * Official evidence of one-time income (legal forms, financial statements, etc.).
   * Signed statement that identifies the source of income and how the funds were spent or invested.
   * Copy of 2017 IRS Tax Return Transcript AND All W2s (Parents and Student).
   * Completed 2019-2020 Dependent or Independent Verification form.

_____ Separation or divorce of student or parent – If student or your parents have separated or become divorced since the time the FAFSA was filed.

1. Date of divorce or separation: ___________________________
2. Name of Primary (Custodial) Parent (after separation or divorce): ___________________________
3. Number of family members remaining in household: _______________ Number in college: __________
4. Total amount of child support received or expected to be received in 2019: _____________
5. Written estimate of 2019 family income, including 2019 pay stubs of custodial parent.
6. Requested Documentation:
   • Legal documentation of separation or divorce (court decisions or divorce decree) or proof that parents (or student & spouse) are residing separately (copy of lease for house or apartment, utility bills, etc.).
   • Copy of 2017 IRS Tax Return Transcript AND All W2s (Both Parents, including Stepparent(s), and Student).
   • Completed 2019-2020 Dependent or Independent Verification form.

   _______Death – Your spouse (or parent, if dependent) received income for the most recently reported tax year, but passed away after you completed the FAFSA.

   1. Date of death: ____________________________
   2. Name of deceased: ________________________ Relationship to student: ______________________
   3. Number of family members remaining in household: ________ Number in college: __________
   3. Requested Documentation:
      • Legal documentation of death (such as a copy of death certificate).
      • Copy of 2017 IRS Tax Return Transcript AND All W2s (Both Parents and Student).
      • Completed a 2019-2020 Dependent or Independent Verification form.

   _______Filing status – You disagree with the definition of an Independent Student, as outlined by the U.S. Department of Education, as it applies to you. Please note: living independently and NOT receiving monetary assistance from your parent(s) does not classify you as an Independent Student.

   Students requesting a change in filing status must submit the following documentation:
   1. Acceptable Documentation:
      • Signed personal statement describing why you feel that you are independent of your parents and indicating your housing arrangements while school is in session and during breaks AND
      • Three signed personal statements from individuals not related to you (clergy, governmental agency, or school official such as counselor, principal, teacher) stating their personal knowledge of you being independent AND
      • Copies of 2017 IRS Tax Return Transcript AND All W2s (Student) AND
      • Completed 2019-2020 Independent Verification form AND

   _______Other – A catastrophic event affecting family income.

   1. Requested Documentation:
      • Written explanation of situation, including estimate of 2019 family income.
      • Documentation regarding change
      • Copy of 2017 IRS Tax Return Transcript AND All W2s (Parents and Student), including a copy of 2017 Schedule A of your Federal Tax return (if applicable).
      • Completed 2019-2020 Dependent or Independent Verification form.

Section 3: Certification Statement:
I/We certify that the information on this form is true, complete, and correct to the best of my/our knowledge. I/We understand that false statements or misrepresentations are cause for denial, reductions, withdrawals, and/or repayment of financial aid. I/We also understand that this information will be used in accordance with Federal guidelines and may or may not result in adjustments to the student’s financial aid eligibility.

Student Signature ___________________________ Date ____________ Student Spouse Signature ___________________________ Date ____________
Parent/Stepparent Signature ___________________________ Date ____________ Parent/Stepparent Signature ___________________________ Date ____________

Due to Federal Privacy Regulations regarding email and the protection of your personal information, we urge you to send documents to our secure FAX at 252-328-4347 or mail all documents to Office of Student Financial Aid, MS510, East Carolina University, Greenville, NC 27858. For materials that may contain a social security number, please cover or remove all but the last four digits. For materials with the date of birth, please cover or remove the year. If you have any questions, please contact our office at 252-328-6610.

19-20 Special Circumstance Petition
Rev. 6/2018