



Special Circumstances 2024-2025

Student Information

Use BLACK or BLUE ink only

Student Name _____ Student ID _____ Student Phone Number _____

Recommended deadlines for submitting this form as this process may take up to 6 weeks to process:

November 15, 2024 – if Fall 2024 is your final semester at Boise State (if you are graduating or transferring)

April 1, 2025 – if you will attend Spring 2025 at Boise State.

Please check with financial aid for Summer semester, as it is based on enrollment dates.

A Special Circumstances form can be submitted* for students or parents that have a unique situation where the financial information listed on the FAFSA no longer reflects their current financial situation or their ability to pay for school. With corresponding documentation, the Boise State Financial Aid Office may be able to adjust your FAFSA information to reflect your current situation. Special Circumstances are considered on a case-by-case basis.

*Submitting a Special Circumstance is optional. Therefore, students are responsible for any late fees they may incur throughout the process.

Which individual(s) experienced a reduction in income? Check all that apply.

Student

Spouse

Parent(s)

Complete the following steps:

1. [Schedule an appointment](#) with a financial aid counselor.
2. Complete this 2024-2025 Special Circumstances form.
3. Attach a signed, detailed statement of the circumstances leading to the request (who, why, when). Space is provided on page 4.
4. Attach a **signed copy** (using a pen or stylus) of your 2023 tax return or IRS Tax Return Transcripts.
 - After February 1, 2025 you may be required to submit 2024 tax documents.
5. Attach all W2's/1099's from 2023.
 - Can't find them? You may request Wage and Income Transcripts from [irs.gov](https://www.irs.gov).
6. Attach all documentation pertaining to each specific circumstance checked on page 2.
7. Please make sure to include income information for you the student and spouse/parent(s).

SIGNATURE CERTIFICATION – by signing below,

- I agree to provide further documentation to substantiate the information provided, if requested.
- I understand that all requests are reviewed on a case-by-case basis and my request may not result in an actual change in financial aid eligibility.
- All of the information on this form is true and complete to the best of my knowledge.

Handwritten or Stylus Signatures are Required – typed will not be accepted

Student Signature

Date

Parent 1 Signature

Date

Spouse Signature

Date

Parent 2 Signature

Date

Deliver to: Boise State Financial Aid Office, Administration Building, Room 124, 1910 University Drive, Boise, ID 83725-1365

Email: FinancialAid@BoiseState.edu | Phone: (208) 426-1664 | FAX: (208) 426-1305

Note: Documents containing Social Security numbers may not be accepted via email. Please redact the number(s) or submit a different way.



Special Circumstances – Check all that apply

Income will be significantly less than what is reported on the FAFSA due to:

- Involuntary reduction in parent, student or spouse employment or unemployment for at least 8 weeks**
 - Layoff - Effective Date** _____
 - Attach a document from employer showing effective date and severance paid.
 - Business Closure - Name of Business** _____
 - Attach documentation of Closure.
 - Termination - Effective Date** _____
 - Attach a letter from employer stating effective date.
 - If this is not available, provide documentation from local unemployment office.
- New employment with lower wages - Effective Date** _____
 - Attach last five paystubs or at least two full months of income statements.
- Quit or reduced employment to attend school - Effective Date** _____
 - Attach document from employer stating effective date.
- Separation from the military - Effective Date** _____
 - Attach a copy of DD214 with date of separation.
 - If separation happened this year, attach last five paystubs or at least two full months of income statements from military.
 - If currently working, attach last five paystubs or at least two full months of income statements.
- Loss of taxable income**
 - Unemployment - Effective Date** _____
 - Attach unemployment office document showing beginning end date.
 - Alimony - Effective Date** _____
 - Attach court document stating termination date of benefit.
 - Other** - Please specify and attach documentation.

- Loss of untaxed income**
 - Social Security/Disability benefits - Date Benefits Ended** _____
 - Attach documentation from agency that states when benefits stopped and amount received in 2023 and/or 2024.
 - Child Support - Date Benefits Ended** _____
 - Attach documentation from agency that states when benefits stopped and amount received in 2023 and/or 2024.
 - Worker's Compensation - Date Benefits Ended** _____
 - Attach a letter from the Bureau of Worker's Compensation stating termination date of benefit.
- Death of spouse or parent - Date of death** _____
 - Attach documentation for date (Ex: death certificate or obituary).
 - Attach the signed 2022 federal tax return or tax return transcript for the deceased.
 - Attach copies of all W2/1099 forms associated with the deceased's 2022 federal tax return.
 - Anticipated life insurance claim amount - \$ _____
- Divorce or legal separation - Date of divorce or legal separation** _____
 - Attach documentation for date (Ex: divorce decree, court order, statement from attorney)
 - Attach a signed (using a pen or stylus) 2022 federal tax return or tax return transcript.
 - Attach copies of all W2/1099 forms associated with the parent being used.
 - Documentation of expected child and or/spousal support payments.
- One-time income (i.e. inheritance, moving expense allowance, lump sum retirement or IRA distribution.)**
 - Attach documentation that identifies the source and amount of income and itemize how the funds were spent or invested. **Note:** Please ensure you have a wet signature (using a pen or stylus) on the taxes reflecting this information or a wet signature on the line items that reflect the amount on the Tax Return Transcript.
- Other extenuating circumstance**
 - **An appointment must be made** with a financial aid counselor to discuss other situations.

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Income and Asset Information

- **Mark "0" or provide an amount in EVERY BOX.** Report amounts in each column for the current situation of all individuals listed on the 2024-2025 FAFSA. The amounts listed should be amounts per year. **Boxes left blank will not be accepted.**
- Please provide documentation for any starred (*) items reported.

Description of income/asset	Student	Spouse	Parent(s)
Interest or dividend earnings			
Unemployment Benefits*			
Cash support or any money paid on your behalf, including support from a non-custodial parent or any other person.			
Child Support Received (total amount received over the last calendar year)*			
Withdrawals from tax-deferred pension, savings, IRA's, 401(k), 403(b) plans or life insurance disbursements*			
Assets: As of today, what is your total balance of cash, savings, and checking accounts? Do not include student financial aid.			
Assets: As of today, what is the net worth of investments, including real estate (not including the home you live in)?			
Assets: As of today, what is the net worth of current businesses and/or investment farms? (Net worth of the businesses or for-profit agricultural operations)			

Recent Work Information			
<i>Provide all work information you, your spouse, and/or parent(s) have worked since 2022 and will work until May 2025.</i>			
Student			
Year	Name of employer(s)	Dates Employed	Average Hours
2022			
2023			
2024/Present			
Spouse			
Year	Name of employer(s)	Dates Employed	Average Hours
2022			
2023			
2024/Present			
Parent 1			
Year	Name of employer(s)	Dates Employed	Average Hours
2022			
2023			
2024/Present			
Parent 2			
Year	Name of employer(s)	Dates Employed	Average Hours
2022			
2023			
2024/Present			

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Parent/ Spouse Federal Tax Information (FTI) Permission

By signing below, I authorize that my FTI may be discussed with the student for Special Circumstance purposes. I understand this allows Boise State Financial Aid representatives to discuss specifics with the student in order to provide guidance on their request.

Spouse PRINTED NAME _____ Spouse Signature _____ Date _____

Parent 1 PRINTED NAME _____ Parent 1 Signature _____ Date _____

Parent 2 PRINTED NAME _____ Parent 2 Signature _____ Date _____

**This is not a requirement to proceed with the Special Circumstance appeal process.*

Supplemental Written Statement Explaining Circumstances Leading to this Request

If needed, please use this space to provide a detailed statement explaining the circumstances leading to this request.

[Large empty rectangular box for supplemental written statement]

Signature of person providing this statement _____

Date _____

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