

SPECIAL CIRCUMSTANCES FORM
for
Harding University
Student Financial Aid Office

For Office Use Only:

Initial EFC: _____

Verified EFC: _____

Date Verified: ___/___/___

CIRCUMSTANCES FORM

SPECIAL

Last Name

First Name

Harding ID

HU Box 12282, Searcy, AR 72149 • (501) 279-4257 • (501) 279-5438 fax • finaid@harding.edu

Introduction

For unusual or unexpected circumstances, complete this form to the best of your ability and provide requested documentation to the Financial Aid office. Your request will be reviewed and responded to as quickly as possible, although you will need to allow several weeks for the process to complete. This form is not all-inclusive; if the family has experienced a hardship not listed, provide the office with as much detail and documentation as possible about the situation's effect on the finances, either in terms of income loss or additional expenses. If changes are made to the student's information, it will be updated in the financial aid section of the Harding Pipeline account.

Please complete Part A and Part F of this form and any other applicable sections for which you wish to document unusual circumstances. Any section not applicable may be skipped. Please mail or fax completed form and requested documentation to the office.

This form is a fillable PDF document. You may enter information directly on computer, then print and mail or fax with documentation to 501-279-5438.

PART A: Application information and Verification Status

Before special circumstances can be considered in the financial aid process, you must first submit a VERIFICATION FORM and tax documentation to verify the accuracy of all financial data and other information listed on the Free Application for Federal Student Aid (FAFSA). When necessary as a result of this process, the FAFSA will be updated to more accurately reflect the current financial situation. Please note that any errors on a previously submitted FAFSA will require Harding University to correct the information (even if unrelated to the special circumstances request), and aid eligibility may be altered accordingly.

Last Name	First Name	Harding ID
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I have attached the signed federal	Verification Form and copies of tax returns for all filers in household.	2009-10 Verification Forms and tax documentation was previously submitted to the office and should be on record.
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PART B: Private School Tuition or Child/Dependent Care Expenses

Full Name of Family Member	Age	Student	Amount	Expense Type

Please explain any anticipated changes in these expenses for 2009 (higher or lower):

Part C: Unusual Medical and Dental Expenses

Medical/Dental Insurance paid in 2009 (do NOT include employer's contribution):	Amount
Medical/Dental expenses in 2009 that were NOT COVERED BY INSURANCE:	Amount

Explanation of anticipated changes in non-reimbursed medical/dental expenses in 2010:

2009 Federal income Tax Form, Schedule A-itemized deduction attached	Receipts of 2009 medical/dental payments and signature below of person for which information was disclosed
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I hereby authorize the use or disclosure of my individually identifiable health information to Harding University as described above and as described in documentation that I have voluntarily submitted. Information disclosed to Harding University is limited to health care claims or receipts for the period of time beginning January 1, 2009 and ending December 31, 2009. This information is being disclosed to Harding for the sole purpose of documenting special circumstances. This authorization to use these records will expire on year from the date signed below unless I indicated a shorter period here ___/___/____. At any time, I have the right revoke this authorization prior to its expiration date by notifying Harding University in writing, but the revocation will not have any effect on any action Harding University took before it received the revocation. I also have the right to see and copy the information described on this form if I request it. I further understand that I am not required to sign this form to receive any services from Harding University.

Patient Signature	Date
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Part D: Income Reduction

If your income and/or spouse's or parents' income will be less in 2010 than in 2009, check appropriate reason and explain situation below.

Unemployment or change in employment

Divorce or separation

Disability of student, spouse, or parent

Death of parent or spouse

Natural disaster

Loss of untaxed income or benefit

One time income (inheritance, moving expense allowance, IRA or pension distribution)

EXPLANATION of situation including dates of the changes:

Anticipated Income for 2010: Earnings & Income to date plus estimate of TOTAL INCOME for 2010

Type of Income	Father	Mother	Student	Spouse
Wages, salaries, tips, severance pay, unemployment, disability pay				
Other taxable income (rental, pensions, as reflected on tax return)				
AD/AFD/TANF (annual estimate)				
Child support received (annual estimate)				
Other untaxed income (Social Security, housing, etc.)				

If you or your parents are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent, give only your information or the information of the surviving parent.

I have attached signed statement documenting estimated earnings/verification of actual Social Security/unemployment benefits/workers' compensation benefits/disability payments

For MINISTERS: I have also attached 2009 Federal Income Tax Form, Schedule C

Part E: Unusual Debts

Type or Cause of Debt	Original Debt	Amount Owed	Mo. Payment

EXPLANATION of ANY change in these expenses for 2010:

I have attached the contract/billing/payment summary from the individual/company/agency to which the money is owed.

Part F: Certification

The information listed on this form is true and correct to the best of my/our knowledge. I understand that knowingly giving false information will result in a review of my financial aid eligibility.

Student Signature Date ___/___/___

Parent/Spouse Signature Date ___/___/___

Please allow several weeks for processing. We will notify with results via email.

CIRCUMSTANCES FORM

SPECIAL

Last Name

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Harding ID