



2024-2025 Independent Student Special Circumstances Application OFFICE OF FINANCIAL AID

Financial aid for the 2024-2025 academic year is based on 2022 income. If you and/or your family have had a significant change in your financial situation during 2024, complete this form to request a re-evaluation of your eligibility for financial aid.

The submission of a Special Circumstances Application does not always result in increased financial aid eligibility.

Before you begin

Before you submit this application, make sure you have reviewed and completed the following items.

- You have **submitted the Free Application for Federal Student Aid (FAFSA®) for 2024-2025**. If you have not filed a FAFSA®, **you must do so as soon as possible**. The Office of Financial Aid is unable to review your changed financial circumstance until we have received the results of your FAFSA® and you have completed verification.
- You are currently enrolled or plan to enroll for Summer 2024, Fall 2024, or Spring 2025 semesters. Your application will not be reviewed if you are no longer enrolled for the academic year.

Verification

As part of the special circumstances application, you (and your spouse, if applicable) will be selected for verification. Please monitor your Ozone account for any additional documentation that is required.

The Special Circumstances Application will be processed after verification is reviewed and completed.

Which form should you complete?

This packet contains two forms. Submit the form(s) which apply to your situation.

- Use the **Special Circumstances Application for Changes to Income from Work** to request adjustments based on a loss of income from work in 2024 due to a loss of job, change of job, reduction in pay, disability, or retirement.
- Use the **Special Circumstances Application for Changes to Non-Employment Income** to request adjustments based on the loss of non-employment income such as taxable Social Security, child support, Worker's Compensation, alimony; a one-time withdrawal from IRA, 401k or other pension programs; nursing home costs; out of pocket medical or dental expenses; or the death of a spouse after the FAFSA® has been submitted.

When to submit this form

Requests must be processed by the last day of classes for the semester(s) you are attending for this academic year. In order to ensure that your request can be reviewed, submit this application and all requested documentation as soon as possible, preferably no later than one week prior to the end of the semester, as listed below.

Summer 2024: 8/4/2024

Fall 2024: 11/28/2024

Spring 2025: 5/1/2025

Questions?

If you have any questions, please contact the Student Service Center at (567) 661-2387, contact your Student Financial Services Advisor, or email studentfinancial@owens.edu.

Submit this form and documentation

Submit the appropriate section(s) of this form and all required documentation. Additional documentation could be requested. **Failure to provide a completed form and all required documentation will cause your application to be incomplete or be denied.**

Upload: From the Ozone **Financial Aid Summary** card, select **View Financial Aid Details**. Follow the instructions on the **Home** tab.

In person: Student Service Center

Mail: Student Service Center
Owens Community College
30335 Oregon Road
Perrysburg, OH 43551

Fax: (567) 661-7808

To check the status of your form

1. Log into **Ozone** at ozone.owens.edu
2. From the **Financial Aid Summary** card, select **View Financial Aid Details**
3. Verify that you are viewing the **Award Year 2024-2025**
4. On the **Home** tab, the 2024-2025 Independent Student Special Circumstances Application will be one of the items listed. Below is a listing of what each status means:

Received, not yet reviewed: Your materials have not been reviewed.

Incomplete: Information that is required for the processing of your form is missing. Please review the Notifications tab or contact the Student Service Center.

Completed: Review of your form has been completed and approved.

Denied: An adjustment to your FAFSA® information could not be made.

You will be notified of the results of the application in a message on your Ozone account. You will receive an email to your Owens email account when the message has been posted.

FAFSA® is a registered trademark of the U.S. Department of Education.



2024-2025 Independent Student Special Circumstances Application For Changes to Income from Work

OFFICE OF FINANCIAL AID

ONLY Complete this section if you or your spouse had a loss of income from work in 2024
due to a loss of job, change of job, reduction in pay, disability, or retirement.
Note: No adjustments will be made due to changes in overtime compensation.

Student Name: _____ OCID: _____

Phone No. _____ Date of birth: _____

2022 INCOME

Please list all sources of income listed on your 2022 federal income tax return. *If additional space is needed, please attach a separate page.*

| Individual | Employer/Source |
|--|-----------------|
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | |
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | |
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | |
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | |
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | |
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | |

2024 INCOME

Please list all sources of expected income for 2024, including income from work, self-employment, unemployment benefits, taxable Social Security and disability benefits, and taxable retirement benefits. *If additional space is needed, please attach a separate page.*

| Individual | Employer/Source | When did this job/source of income start? | Has this job/source of income ended? | |
|---|-----------------|---|--------------------------------------|---|
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | | | <input type="checkbox"/> No | <input type="checkbox"/> Yes, end date: _____ |
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | | | <input type="checkbox"/> No | <input type="checkbox"/> Yes, end date: _____ |
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | | | <input type="checkbox"/> No | <input type="checkbox"/> Yes, end date: _____ |
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | | | <input type="checkbox"/> No | <input type="checkbox"/> Yes, end date: _____ |
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | | | <input type="checkbox"/> No | <input type="checkbox"/> Yes, end date: _____ |
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse | | | <input type="checkbox"/> No | <input type="checkbox"/> Yes, end date: _____ |

Is the student currently unemployed? No Yes

Is the student's spouse (if married) currently unemployed? No Yes

(Optional) Please provide any additional information regarding your income which should be considered.

DOCUMENTATION

Provide the following documentation with this form.

- Copy of your (and if married, your spouse's) 2022 W-2 form(s)
- A signed copy of your (and if married, your spouse's) 2022 Federal IRS 1040, plus Schedules 1, 2, and 3 (if filed) or a copy of the IRS Tax Return Transcript (must be submitted even if the tax requirement is waived on Ozone)

For the person whose job status has changed since 2022, provide the following.

- For each job in which the individual is currently employed:
 - A copy of the most recent pay stub showing year-to-date income
 - A letter from **each** current employer stating the date of hire, hourly rate, and average hours worked during each pay period
 - For self-employment, provide a written statement of year-to-date net earnings for the current year. If there was self-employment income in 2022, also provide the 2022 federal business schedule C and 1099's (if applicable).
- For each job which ended in 2024, a copy of the last pay stub showing year-to-date income
- For jobs worked in 2022 or 2024 which have ended, a letter from **each** prior employer stating the last date of employment
- If unemployed, provide a copy of your unemployment eligibility determination notice, no older than 90 days from the date of issuance, stating the status of your unemployment benefits if you were eligible. Also include a copy of any extended unemployment benefits statements, if applicable
- If receiving disability benefits, a letter from Social Security or an insurance agency stating the amount of monthly disability benefits the individual will receive.
- If receiving retirement benefits, including Social Security, documentation of the amount of monthly retirement benefits the individual will receive.

CERTIFICATION STATEMENT

I certify that all information on this form is true and complete to the best of my knowledge.

Student signature and Date

Spouse signature and Date
(if requesting adjustment to spouse information)

Student's printed name




**2024-2025 Independent Student
Special Circumstances Application
For Changes to Non-Employment Income
OFFICE OF FINANCIAL AID**

Student Name: _____ OCID: _____

Phone No. _____ Date of birth: _____

Please check which circumstances apply to you or your spouse and follow the instructions listed. Additional documentation may be requested.

|  | Circumstance | Provide the following |
|--|--|---|
| <input type="checkbox"/> | Loss of income from work in 2024 due to a loss of job, change of job, reduction in pay, disability, or retirement | <input type="checkbox"/> Complete the Independent Student Special Circumstances Application for Changes to Income from Work section and provide the documentation listed. |
| <input type="checkbox"/> | Loss of taxable Social Security benefits in 2024 | <input type="checkbox"/> Copy of the Social Security termination letter <input type="checkbox"/> Documentation that shows the amount of monthly benefit that was being received <input type="checkbox"/> A signed copy of your (and if married, your spouse's) 2022 Federal IRS 1040, plus Schedules 1, 2, and 3 (if filed) or a copy of the IRS Tax Return Transcript (must be submitted even if the tax requirement is waived on Ozone) |
| <input type="checkbox"/> | Loss of Child Support benefits in 2024 | <input type="checkbox"/> Court or child services agency document stating the date of termination and a statement of the amount of monthly benefit that was being received |
| <input type="checkbox"/> | Loss of Worker's Compensation benefits in 2024 | <input type="checkbox"/> Copy of the Worker's Compensation termination letter <input type="checkbox"/> Documentation showing the amount of monthly benefit that was being received |
| <input type="checkbox"/> | One-time withdrawal from IRA, 401k or other pension programs in 2022. | <input type="checkbox"/> Documentation showing the source of the pension withdrawal <input type="checkbox"/> Written explanation of why the funds were withdrawn <input type="checkbox"/> A signed copy of your (and if married, your spouse's) 2022 Federal IRS 1040, plus Schedules 1, 2, and 3 (if filed) or a copy of the IRS Tax Return Transcript (must be submitted even if the tax requirement is waived on Ozone) |

| | Circumstance | Provide the following |
|--------------------------|---|---|
| <input type="checkbox"/> | Loss of Alimony income | <input type="checkbox"/> Copy of court documents stating the amount of the monthly alimony payments and the termination date of those payments <input type="checkbox"/> A signed copy of your (and if married, your spouse's) 2022 Federal IRS 1040, plus Schedules 1, 2, and 3 (if filed) or a copy of the IRS Tax Return Transcript (must be submitted even if the tax requirement is waived on Ozone) |
| <input type="checkbox"/> | Nursing home costs associated with dependent elderly relatives in 2023 or 2024 | <input type="checkbox"/> A statement from the nursing home administrator stating the amount you paid in 2023 or 2024 |
| <input type="checkbox"/> | Medical or dental expenses not covered by health insurance but paid by the student or spouse in 2023 or 2024 | <input type="checkbox"/> Copies of medical bills and cancelled checks documenting payment made by you in 2023 or 2024 that were not covered by health insurance or a copy of your 2023 federal tax return Schedule A. Only include costs <u>not</u> paid through a pre-tax plan (such as a Flexible Spending Account.) Expenses must have already been incurred and paid, not just owed. Certain limits apply. |
| <input type="checkbox"/> | Death of a spouse after the FAFSA® has been submitted | <input type="checkbox"/> A copy of the death certificate <input type="checkbox"/> Copies of your and your spouse's 2022 W-2 form(s) <input type="checkbox"/> A signed copy of your 2022 Federal IRS 1040, plus Schedules 1, 2, and 3 (if filed) or a copy of the IRS Tax Return Transcript (must be submitted even if the tax requirement is waived on Ozone) |
| <input type="checkbox"/> | Change in other income listed on your FAFSA® | <input type="checkbox"/> Contact your Student Financial Services Advisor for instructions. |

(Optional) Please provide any additional information regarding your income which should be considered.

CERTIFICATION STATEMENT

I certify that all information on this form is true and complete to the best of my knowledge.

Student signature and Date

Spouse signature and Date
(if requesting adjustment to spouse information)

Student's printed name