

**FORM PSPEC - IDAHO STATE UNIVERSITY
SPECIAL CIRCUMSTANCES
PARENT(S)**

24-25

PSPEC-25

According to federal laws and regulations, a family's 2022 income is used to assess financial need for the 2024-2025 school year. If a family's financial situation changes, a financial aid administrator may be able to reassess the financial need using 2023 income. Please read instructions below. Return completed form with attachments to:

**Office of Financial Aid, Idaho State University, Museum Building, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu
Scan and Upload: isu.edu/financialaid/upload
University Place, Bennion Student Union Building, Student Services Office
1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704**

*Student Name: _____
(Use blue or black ink) Last First M.I.

*ISU ID: _____ *Last 4 Digits of Social Security #: _____
(Find on [MyISU](#))

*Parent Name: _____
Last First M.I.

Parent Address: _____
Street City St Zip

Parent Telephone: _____ Student ISU Email: _____
**Required* (example: smitjohn@isu.edu)

INSTRUCTIONS:

1. You must have been awarded from the 2024/2025 [FAFSA](#) before we can process the Special Circumstance.
2. Indicate the reason(s) for your reduction in income on page 2 and attach any required documentation.
3. Write a brief summary of your special circumstances on page 3 and complete the signature requirements.
4. Complete page 4 and attach documentation of income.
5. **SCHEDULE AN APPOINTMENT WITH A FINANCIAL AID COUNSELOR.** Call the Office of Financial Aid at (208)282-2756, or come to our office in the Museum Building, to schedule an appointment. If you are a student on the Idaho Falls campus, call (208)282-7800, or come to the Bennion Student Union Building Student Services Office.

You must bring your completed special circumstance form and all required documentation to your appointment. Your special circumstances will not be considered unless you provide adequate, appropriate documentation and meet with a counselor from the Office of Financial Aid.

For Office Use Only

Prior year special circumstance: ___Yes ___No	Student log completed: _____
<input type="checkbox"/> Not eligible for special circumstances	Comments: _____
<input type="checkbox"/> Special circumstance denied	_____
<input type="checkbox"/> Special circumstance approved	_____
Old EFC: _____	_____
New EFC: _____	_____
Administrator: _____	Date: _____

Typed signatures not accepted

Please indicate the reason(s) for your parent(s) change in income or unusual expenses. Mark all that apply and attach the required documentation.

- Loss of income from work.**
- Layoff.** Provide a letter from employer stating effective date and anticipated return.
 - Business Closure.** Provide a letter from employer stating effective date or unemployment application.
 - Termination.** Provide a letter from employer stating effective date.
If this is not available, provide documentation from local unemployment office.
 - Disability.** Date of disability (mm/dd/yyyy): _____. Attach documentation of disability.
 - Quit or reduced employment to attend school.** Provide a letter from employer stating effective date.
 - Were self-employed but are now unemployed due to economic conditions or natural disaster.**
 - Other.** Please specify and provide appropriate documentation.
-
- Loss of taxable income.**
- Alimony.** Provide court document(s) stating termination date of benefit.
 - Unemployment.** Provide a letter from the unemployment office stating termination date of benefit.
 - Other.** Please specify and provide appropriate documentation.
-
- Divorce.** Since applying for financial aid, you have become divorced.
Date of divorce (mm/dd/yyyy): _____. Give only your information when completing page 4.
Attach a copy of the divorce decree, a signed copy 2022 Federal Tax Return, and W-2 form(s).
- Separation.** Since applying for financial aid, you have become separated.
Date of separation (mm/dd/yyyy): _____.
Current address of spouse: _____.
Give only your information when completing page 4. **Attach a signed copy of your 2022 Federal Tax Return and W-2 form(s).**
- Death of spouse.** Since applying for financial aid, your spouse has died.
Date of death (mm/dd/yyyy): _____. **Provide documentation.**
Give only your information when completing page 4. **Attach a signed copy of your 2022 Federal Tax Return and W-2 form(s).**
- One-time income** (i.e. inheritance, moving expense allowance, back year Social Security payments, or lump sum retirement or IRA distribution). **You must attach documentation that identifies the source and amount of income and itemize how the funds were spent or invested.**
- Unusual expenses paid.**
- Medical, dental or nursing home expenses.** You have paid excessive medical, dental, or nursing home expenses for the 2022 calendar year that are not covered by insurance. If you itemized deductions (Schedule A), provide a signed copy of your 2022 Federal Tax Return. If you did not itemize deductions, provide proof of payment such as copies of canceled checks for 2022 and confirmation of total amount paid by insurance in 2022.
 - Elementary and secondary tuition paid.** You have paid for elementary, junior high, and/or high school tuition in the 2022 calendar year for dependents in your family. Provide a letter from the school stating the amount you have paid for tuition from January 1, 2022 through December 31, 2022.

2024-2025
SUMMARY OF PARENTS' SPECIAL CIRCUMSTANCES

Please summarize your special circumstances below:

Lined area for summarizing special circumstances.

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Parent Signature: _____

Date: _____

Report all income you have actually received from January 1, 2024 through today. Then estimate all income you expect to receive from today through December 31, 2024. **YOU MUST ATTACH DOCUMENTATION OF ALL ACTUAL INCOME.** Documentation could include recent pay stubs with year-to-date earnings, W-2 forms, a letter from an employer stating your total earnings, an estimate of future income, etc. **After December 31, 2024:** 1) Submit a copy of your completed 2024 Federal Tax Return, and 2) complete only the ACTUAL column below. If you're using the Acrobat Reader to complete the form online, the TOTAL column along with summary totals are automatically calculated.

TAXABLE INCOME FOR JANUARY 1, 2024 TO DECEMBER 31, 2024	ACTUAL + (1-1-24 to Today)	ESTIMATED = (Today to 12-31-24)	TOTAL (Actual + Estimated)
Expected 2024 income earned from work by Parent 1 (<i>wages, salaries, tips</i>)	\$	\$	\$
Expected 2024 income earned from work by Parent 2 (<i>wages, salaries, tips</i>)	\$	\$	\$
Interest income and dividends	\$	\$	\$
Alimony received	\$	\$	\$
Business and/or farm income	\$	\$	\$
Capital gains	\$	\$	\$
Pensions and Annuities (taxable amount)	\$	\$	\$
IRA distributions (excluding rollovers)	\$	\$	\$
Rental Income	\$	\$	\$
Taxable Social Security Benefits	\$	\$	\$
Unemployment compensation	\$	\$	\$
TOTAL TAXED INCOME FOR 2024	\$	\$	\$
<hr/>			
UNTAXED INCOME FOR JANUARY 1, 2024 TO DECEMBER 31, 2024	ACTUAL +	ESTIMATED =	TOTAL
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings) including but not limited to amounts reported on the W-2 form in boxes 12a through 12d, codes D, E, F, G, H, and S.	\$	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans.	\$	\$	\$
Child support received for all children. Don't include foster care or adoption payments.	\$	\$	\$
Tax exempt interest income.	\$	\$	\$
Untaxed portions of pensions, annuities and IRA distributions	\$	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$	\$	\$
Veterans' non-educational benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work Study Allowances.	\$	\$	\$
Any other untaxed income not reported elsewhere on this form, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements, e.g. cafeteria plans, foreign income exclusion or credit for federal tax on special fuels.	\$	\$	\$
TOTAL UNTAXED INCOME FOR 2024	\$	\$	\$

Child support **paid** during 2024 (attach documentation of amount paid): \$ _____

Taxable earnings from Federal Work Study or other need based work programs: \$ _____