



SPECIAL CIRCUMSTANCE EVALUATION FORM
STUDENT DOCUMENTATION

Student Name: _____

PSU ID: _____

Academic Year: _____

INSTRUCTIONS:

1. Include your PSU Student Identification number on each page of your documentation.
2. Review and complete all To-Do list items on your LionPATH account.
3. To return the information please use one of the options in the link below.
<https://studentaid.psu.edu/contact-info/upload-fax-mail>
4. Please contact PHEAA (if PA resident) to discuss additional State grant eligibility. (1-800-692-7392)
<https://www.pheaa.org/funding-opportunities/state-grant-program/forms.shtml>

SECTION 1 – Explanation of unusual circumstance. This section must be completed.

In the space below, provide a statement that explains all the details of the changes in your family situation

Date (month/day/year) change in circumstance occurred: _____

The circumstance causing this change: _____

How have these changes affected or how will they affect your financial situation for the current year? _____

How will your family support itself in the current year? _____

You must hand sign all additional statements, if more space is needed, please include an attachment.

SECTION 2 – Please complete ALL questions for the calendar year 2022(January 1 through December 31).

Student (and Spouse) Additional Financial Information: If answer is Zero, you must list \$0 – Do not leave items blank

2022 Reported

1. 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..... \$ _____
2. Child Support **RECEIVED** for all children. (Do not include foster care or adoption payments)..... \$ _____
3. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). **Do not** include the value of on-base military housing or a basic military allowance for housing. \$ _____
4. Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Education Work-Study allowances \$ _____
5. Other untaxed income or benefits not reported elsewhere in SECTION 3, such as:
 (*For purposes of this form, these benefits are considered untaxed income)
 Worker's Compensation..... \$ _____
 Disability..... \$ _____
 Untaxed Portion of Health Savings Accounts..... \$ _____
 Other: _____. (**Do not** include foster care benefits, student aid, .
 earned income credit, 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..... \$ _____

SECTION 3 – Signatures Required

By hand signing this document, I certify that all the information reported on this document is true and complete to the best of my knowledge. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of student aid and I may be fined, be sentenced to prison, or both.

 Student Signature Date