

# Financial Aid Office 2021-2022 SPECIAL CIRCUMSTANCES

You must have a completed 2021-2022 Free Application for Federal Student Aid (FAFSA) on file before you can submit this form to the Financial Aid Office. If you were selected for verification you must complete the verification process before this request can be considered and reviewed.

In accordance with federal regulations yours, your spouse's or your parent's 2019 income is used to determine your eligibility for financial aid for the 2021-22 academic year. If your financial situation (income) has changed significantly since you applied for financial aid and you feel you have special circumstances that warrant a review of your financial aid you can complete this form and submit it with required documents for review.

- **❖** Independent Students provide information, signatures and documentation regarding you and your spouse (if applicable).
- Dependent Students provide information, signatures and documentation regarding your parents and yourself.

### To Qualify for a Special Circumstances Review, You Must:

- Meet one of the conditions listed on page 2. Check the one that applies to your situation and submit the required documentation to support the condition.
- Complete page 3 of the form and submit with required documents
- If your circumstance(s) does NOT fit into one of the options, you may still file the Special Circumstances Form and attach a letter explaining your situation.

#### **Do Not Complete Form If:**

- The family income for 2020 will be more than 2019.
- You have not filed the FAFSA.
- Your Expected Family Contribution (EFC) is zero as indicated on the results of your FAFSA.
- The student's marital status has changed since completing the FAFSA.

Please note that costs associated with discretionary lifestyle choices, consumer indebtedness (house payments, car expenses, living without roommates, credit card debt, etc.) and bankruptcy cannot be considered as special circumstances.

• Wait ... Please wait 10 weeks from the loss or change of employment before submitting this request (this allows you time to gather an accurate estimate of income based on your new circumstances or secure new employment).

### Bring into the office or mail; (Faxes will not be accepted.)

- Pages 2 and 3 of this form,
- Letter describing the situation that caused the reduction in income
- A completed Standard Verification work sheet (V1) (if one isn't on file)
- Copies of your 2019 Federal Income Tax Transcript and W2's

## 2021-22 SPECIAL CIRCUMSTANCES

	at Name Student ID					
	ON FOR REQUEST (Please provide documentation required)					
Ц	LOSS OF INCOME					
	Reduction or loss of income from work for at least ten (10) weeks in 2019					
	Student Date of layoff/termination:					
	Spouse Date of layoff/termination:					
	Parent Date of layoff/termination:					
•	Tributer from emprojer vernjing ross of emprojiment metuding effective date					
•	A copy of the last pay statement showing gross year-to-date income from each job worked for person this applies to.					
•	Documentation of unemployment benefits from state agency					
•	Documentation of any severance pay received, or IRA's, stocks, bonds, pensions, etc. converted to cash.					
•	Have you, your spouse or parents (if applicable) started another job? □ No □ Yes *If yes, give start date:					
	Reduction or loss of taxable or untaxed income and/or benefits for at least ten (10) weeks in 2019					
•	Please see page three (3), section B and C for examples of taxable/untaxed income. Consideration for early withdrawals from a retirement account may only be reviewed once during a student's enrollment.  Document the type of income or benefit no longer received and amount received in 2020  What is the source of taxable income and what date did it end?					
	What is the source of untaxed income and what date did it end?					
	SEPARATION OR DIVORCE IN 2020 (A legal document will be required; no exceptions)  Date of separation*/divorce:					
•	Please note that <b>separation</b> must have occurred at least ten (10) weeks prior to the submission of this request <b>and</b> you must be residing in separate households.					
•	A copy of legal separation/divorce papers; and documentation of spousal support and/or child support.  DEATH OF A SPOUSE OR PARENT IN 2020  Date of death:					
•	A copy of the death certificate or obituary; and describe survivor benefits that are to be received including amounts and payment terms.					
	MEDICAL OR DENTAL EXPENSES PAID BY YOU IN 2019 or 2020  Total out of pocket expenses must exceed at least 7.5% of your Adjusted Gross Income. Medical expenses paid can only be reviewed for one year. Please select the year you wish to claim: □ 2019 □ 2020					
•	Submit a copy of Schedule A—Itemized Deductions from your federal tax return; or					
•	Submit copies of supporting documentation as proof of out of pocket payments.					
•	Additional Information: Do not include payments covered by insurance or other resources.					
•	Do not submit notice of benefits or account statements unless they document personal payments made by your family.					
•	OTHER CIRCUMSTANCES NOT ADDRESSED IN THE ABOVE CATEGORIES Your special circumstance review may relate to other unusual financial situations that strain payments toward college. When writing your explanation, be sure to give specific dollar amounts. Submit a statement that explains changes in your financial and/or family situation. Include copies of supporting documents that you feel help explain your situation, but keep the number of sheets to a minimum.					

## 2021-22 SPECIAL CIRCUMSTANCES

### Student Name Student ID

## EXPECTED TOTAL INCOME AND BENEFITS

Use this form to document special circumstance for your household income received to date and to provide your best estimate of all sources of income for 2020. Use zero to indicate you do not have any types of taxable or untaxed income to report.

types of taxable or untaxed ince	ome to report.				•
A. Gross wages from work (2) Attach statements or check stubs s Year-to-date earnings (Jan 1 to too	showing	udent	Spouse	Parent(s)	_
Estimate Earnings from work from Until 12-31-20 <b>B. 2020 Taxable Income</b> Unemployment benefits received to					_
Amount expected to receive until  Examples of other taxable incom  Taxable portion of Social S  Severance Pay  Interest income, Dividends, Pensions, Annuities, IRA's Rents, royalties, partnership Life insurance payment Early withdrawal of 401 Other C. 2020 Untaxed Income or E  Examples of other untaxed incom Child Support received Worker's Compensation Social security/disability be Housing, food, pensions Other living allowances for Other untaxed income and the compenses may also be considered expense type: Expense type:	capital Gains ca	that apply an	d enter amounts re	eceived for 202	- - 0 -
<b>E. CERTIFICATION</b> I/we affirm other documentation is true and collisted on page 1 of this form.					
	PLEASE ALLOW 2-3 W k times, April-Septemb			ger)	
Student Signature	Address/Phone #			Date	
Parent Signature	Address/Phone #			Date	R02222021