



Financial Aid Office 2016-17 SPECIAL CIRCUMSTANCES

You must have a completed 2016-2017 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 2015 income is used to determine your eligibility for financial aid for the 2016-17 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 2016 will be more than 2015.
- 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 2015 Federal Income Tax Transcript and W2's**

2016-17 SPECIAL CIRCUMSTANCES

Student Name _____

Student ID _____

REASON FOR REQUEST (Please provide documentation required)

LOSS OF INCOME

Reduction or loss of income from work for at least ten (10) weeks in 2016

Student Date of layoff/termination: _____

Spouse Date of layoff/termination: _____

Parent Date of layoff/termination: _____

- A letter from employer verifying loss of employment including 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 2016

- 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 **2016**
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 2016 (A legal document will be required; no exceptions)

Date of separation*/divorce: _____

- Please note that **separation** must have occurred at least ten (10) weeks prior to the submission of this request **and** 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 2016

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 2015 or 2016

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: 2015 2016

- 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.

2016-17 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 2016. Use zero to indicate you do not have any types of taxable or untaxed income to report.

A. Gross wages from work (2016)

Attach statements or check stubs showing
Year-to-date earnings (Jan 1 to today)

Student

Spouse

Parent(s)

Estimate Earnings from work from today
Until 12-31-16

B. 2016 Taxable Income

Unemployment benefits received year to date

Amount expected to receive until 12-31-16

Examples of other taxable income: Check the one(s) that apply and enter amounts received for 2016

- Taxable portion of Social Security Benefits _____
- Severance Pay _____
- Interest income, Dividends, Capital Gains _____
- Pensions, Annuities, IRA's _____
- Rents, royalties, partnerships, estates, trusts, _____
- Life insurance payment _____
- Early withdrawal of 401 _____
- Other _____

C. 2016 Untaxed Income or Benefits

Examples of other untaxed income: Check the one(s) that apply and enter amounts received for 2016

- Child Support received _____
- Worker's Compensation _____
- Social security/disability benefits _____
- Housing, food, pensions _____
- Other living allowances for military/clergy _____
- Other untaxed income and benefits _____

D. Amounts of unusual income expenses that have been or will be received or paid in 2016 (Paid medical expenses may also be considered.) Provide receipts.

Expense type: _____

Expense type: _____

E. CERTIFICATION I/we affirm that all information contained on this form, the attached worksheet, and any all other documentation is true and complete to the best of my/our knowledge. Please attach the required documents listed on page 1 of this form.

PLEASE ALLOW 2-3 WEEKS FOR PROCESSING
(During peak times, April-September, the processing time may take longer)

Student Signature

Address/Phone #

Date

Parent Signature

Address/Phone #

Date R42213