



2016-2017 SPECIAL CIRCUMSTANCE FORM

Student ID# _____

Student Full Name _____

Financial Aid eligibility for the 2016-2017 academic year is based on 2015 family income. Under certain circumstances, it may be possible for the Financial Aid Office to base your eligibility for aid on your expected 2016 family income or to adjust 2015 income. Complete and return this form to the Financial Aid Office if you feel that there are extenuating circumstances that should be considered in determining your Financial Aid eligibility. Please include as much documentation as possible. After reviewing your special circumstances documentation, your award package may remain the same, be increased, or reduced based on the financial information that has been submitted. Submitting a request for special circumstances does not guarantee an adjustment will be made to your award package.

Section A - Special Circumstances for Consideration - Please review and indicate which Special Circumstance applies to you. Documentation listed as **required (*)** must be submitted along with this form to review your request. Additional documentation that helps support your request, even if not listed as required, can be submitted as well. For requests submitted **after January 31, 2017**, also submit a copy of your **2016 W2(s)**.

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation
<input type="radio"/> Change or loss of wages	You or your parent(s)' income earned in 2016 will be less than what was earned in 2015.	Your (and/or your spouse's) income earned in 2016 will be less than what was earned in 2015.	Complete copies of: * Explanation of Special Circumstances * 2015 IRS Tax Return Transcript * W2 Wage statement(s) * Unemployment Award Letter * Last pay stub showing year-to-date earnings * Termination notice from employer
<input type="radio"/> Other Loss of Income or Extraordinary Expenses * Alimony * Child Support * Retirement/Pension * Social Security (taxed) * Worker's Compensation * Medical/Dental	*You or your parent(s)' received benefits in 2015 which have ceased or been reduced in 2016. *You or your parent(s)' paid expenses not covered by insurance and are over the expected cost of attendance.	*You (and/or your spouse) received benefits in 2015 which have ceased or been reduced in 2016. *You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance.	Complete copies of: * Explanation of Special Circumstances * 2015 IRS Tax Return Transcript * W2 Wage statement(s) * Original 2015 Benefit statement listing total amount received * Revised 2016 Benefit statement and/or court documents listing updated amount to receive and effective date and/or * Copy of insurance coverage * Copy of all medical bills
<input type="radio"/> Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2016.	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2016.	Complete copies of: * Explanation of Special Circumstances * 2015 IRS Tax Return Transcript * W2 Wage statement(s) * Divorce decree or separation agreement or proof of separate addresses
<input type="radio"/> Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	Complete copies of: * Explanation of Special Circumstances * 2015 IRS Tax Return Transcript * W2 Wage statement(s) * Death certificate
<input type="radio"/> One time Payment Received	Your parents received a one-time lump sum payment of monies in 2015.	You (and your spouse) received a one-time lump sum payment of monies in 2015.	Complete copies of: * Explanation of Special Circumstances * 2015 IRS Tax Return Transcript * W2 Wage statement(s) * Documents detailing One Time Payment amount, source and reason for payment



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Section B - Explanation of Special Circumstances - You must attach a written statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your particular situation. Include dates circumstances occurred/ended. Make sure to sign your written statement. If you are a dependent student, parent must also sign statement.

Section C - Total Projected Income and Benefits from:

Please select if projected income is for calendar or academic year. Select option which would most benefit student.

- CALENDAR YEAR January 2016 through December 2016
 ACADEMIC YEAR August 2016 through July 2017

****You are required** to provide your received and/or expected income for all categories listed below. If no income is received and/or expected for a category, use "0" - **do not leave any blanks**. In addition to the required documentation listed on page 1, **you must submit proof of all income figures provided below** (e.g., for wages, supply a copy of your most recent pay stub).

Source of Income	Father/Step Father	Mother/Step Mother	Student	Student's Spouse
Wages, Tips, Salary				
Interest and/or Dividend Income				
Worker's Compensation				
Pensions and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits (taxable)				
Child Support				
Alimony				
Welfare Benefits				
Other: _____				
TOTAL OF ALL INCOME:				

Section D - One Time Payment Amount in 2015 - If your special circumstance is for a One Time Payment received in 2015, please enter the amount received below.

Source of Income	Father/Step Father	Mother/Step Mother	Student	Spouse
Amount of One Time Payment received in 2015				

Section E - Statement of Certification - I certify that all of the information on this form is true, correct and complete to the best of my knowledge. I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received. If requested, I agree to provide further documentation. I also understand that purposely reporting false or misleading information may result in fines or imprisonment or both.

Student Signature _____

Date _____

Parent Signature (if student is dependent)/Student's Spouse Signature (if applicable) _____

Date _____