



## 2017-2018 SPECIAL CIRCUMSTANCE FORM

Student ID# \_\_\_\_\_

Student Full Name \_\_\_\_\_

Financial Aid eligibility for the 2017-2018 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 current or expected 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, 2018**, also submit a copy of your **2017 W2(s)**.

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation <small>*required documents subject to change – contact your technician prior to submission of this form*</small>
<input type="radio"/> <b>Change or loss of wages</b>	You or your parent(s)' income earned in 2017 will be less than what was earned in 2015.	Your (and/or your spouse's) income earned in 2017 will be less than what was earned in 2015.	Complete copies of: * <b>Explanation of Special Circumstances</b> * 2015 & 2016 IRS Tax Return Transcripts * W2 Wage statement(s) (if requested by technician) * Unemployment Award Letter * Last pay stub showing year-to-date earnings * Termination notice from employer
<input type="radio"/> <b>Other Loss of Income or Extraordinary Expenses</b> * 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 2017.  *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 2017.  *You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance.	Complete copies of: * <b>Explanation of Special Circumstances</b> * 2015 & 2016 IRS Tax Return Transcripts * W2 Wage statement(s) (if requested by technician) * Original 2015 Benefit statement listing total amount received * Revised 2017 Benefit statement and/or court documents listing updated amount to receive and effective date <b>and/or</b> * Copy of insurance coverage * Copy of all medical bills
<input type="radio"/> <b>Separation or Divorce</b>	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2017.	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2017.	Complete copies of: * <b>Explanation of Special Circumstances</b> * 2015 & 2016 IRS Tax Return Transcripts * W2 Wage statement(s) (if requested by technician) * Divorce decree or separation agreement or proof of separate addresses
<input type="radio"/> <b>Death of a Parent or Spouse</b>	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	Complete copies of: * <b>Explanation of Special Circumstances</b> * 2015 & 2016 IRS Tax Return Transcripts * W2 Wage statement(s) (if requested by technician) * Death certificate
<input type="radio"/> <b>One-time Payment Received</b>	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: * <b>Explanation of Special Circumstances</b> * 2015 & 2016 IRS Tax Return Transcripts * W2 Wage statement(s) (if requested by technician) * 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.

**Section C - Total income/benefits received and/or projected** (write in a 12 month time frame for income received and/or projected):

\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
 Month                      Year    Month                      Year

You are **required** to provide your received and/or expected income for the for all categories listed below. If no income is received and/or expected for a category, **input "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: _____				
<b>TOTAL OF ALL INCOME:</b>				

**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 or Student's Spouses Signature (if applicable)

\_\_\_\_\_  
Date