



Special Circumstances Form 2019-2020

Submit this form ***after*** you have filed the Free Application for Federal Student Aid. This form must be accompanied by all required documentation or your request will be ***denied***.

If you have **unusual circumstances as listed below**, complete this form and submit it to our office with the specified documentation. Check the circumstance that applies to you, then go to that number on this form.

- 1.) Income reduction
- 2.) Unusual medical or dental expenses not covered by insurance
- 3.) Nonrecurring income
- 4.) Death of spouse/parent
- 5.) Disability of student, spouse or parent

NAME

STUDENT ID NUMBER

EMAIL

PHONE

Complete the section that pertains to your situation. If you were married at the time you applied for financial aid, you must provide information pertaining to your spouse. Return this completed form to our office with the documentation specified. ***Failure to provide all of the requested documentation will result in denial of the request.***

1. Will you or your spouse's (or parents') income be significantly less in 2019 compared to 2018?

Yes No

2. If you answered "Yes" to number 1, check the appropriate reason below and **provide a letter of explanation**, giving the date of the change in your situation:

- (a) Unemployment or change in employment
- (b) Death of spouse/parent
- (c) Disability of student, spouse or parent



1. Income Reduction Due to Job Loss/Unemployment

DOCUMENTATION REQUIRED! Attach copies of all documents to support your request: last pay stub, unemployment forms, layoff notice, 1722(Tax Return Transcript for 2017 and 2018 from IRS at: <http://www.irs.gov> for parent and/or student, and V1 verification worksheet. **You must provide a letter of explanation of your circumstances.**

ANTICIPATED INCOME* Parents' Income		ACTUAL 1/1/18 TO 12/31/18	ESTIMATED 1/1/19 TO 12/31/19
Father's wages, salaries, tips (including severance pay, disability payments and other income from work)			
Mother's wages, salaries, tips (including severance pay, disability payments and other income from work)			
Other taxable income (include unemployment benefits)			
Social Security Benefits			
Other untaxed income (earned income credit, worker's comp.)			
TOTAL			
Divide total estimated column by total actual column. Move decimal place to the right two places (for example 0.69 would be 69). Subtract this number from 100. (If this ratio is less than 30% – do not turn this form in. We will deny your income reduction request)			

ANTICIPATED INCOME* Student and Spouse (if applicable)	ACTUAL 1/1/17 TO 12/31/17	ACTUAL 1/1/18 TO 12/31/18	ESTIMATED 1/1/19 TO 12/31/19
Student's wages, salaries, tips, (including, severance pay, disability payments and other income from work)			
Spouse's wages, salaries, tips, (including, severance pay, disability payments and other income from work)			
Other taxable income (include unemployment benefits)			
Social Security Benefits			
Other untaxed income (earned income credit, worker's comp.)			
TOTAL			
Divide total estimated column by total actual column. Move decimal place to the right two places (for example 0.69 would be 69). Subtract this number from 100. (If this ratio is less than 30% – do not turn this form in. We will deny your income reduction request)			



**If you or your parent are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent give only your information or the information of the surviving parent.*

2. Unusual Medical/Dental Expenses Not Covered By Insurance

DOCUMENTATION REQUIRED! We need a 1722 Tax Return Transcript for 2017 and 2018 www.irs.gov and V1 verification worksheet. If you did not itemize, provide receipts of medical and dental payments made in 2017 and 2018 that were not covered by insurance. **You must provide a letter of explanation of your circumstances.**

Medical/Dental expenses up to 11% of the family's income are already taken into account by the federal needs analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 11% of the family income will be considered an unusual circumstance.

1. Were you and your parents (spouse) covered by medical/dental insurance or did you have a medical card in 2017? Yes or No (Circle One)
2. How much did you or your spouse pay for medical/dental expenses not covered by insurance in 2018? \$_____
3. Take the answer you gave for question #2 and divide it by your **total family income**.
(For example: \$5,000 in medical/dental expenses divided by \$50,000 total family income = 0.10 or 10%) Enter this answer here _____

If this answer equals 20% or less of total family income, do not turn this form in. We will deny your request.

3. Nonrecurring Income

DOCUMENTATION REQUIRED! 1722 Tax Return Transcript for 2017 and 2018 for parent and/or student, V1 verification worksheet, and verification of source of nonrecurring income and amount. **You must provide a letter of explanation.**

1. Will you or your parents' (or spouse's) income be significantly less in 2018 compared to 2018 and 2017 due to a one-time income such as an inheritance, or back-year social security payments?

Yes or No (Circle One)

2. Date of occurrence: _____

3. Identify the source of income, the amount, and how the funds were spent or invested.
