



**2019-2020  
Special Circumstances Form**

A family's 2017 total income is used in determining eligibility for student financial aid in the 2019-20 academic year. However, there may be circumstances that could drastically alter a family's financial picture, and hinder the ability to assist with paying educational expenses. In such cases, the 2018 or 2019 income may be utilized to assess financial need. **Results from the 2019-2020 Free Application for Federal Student Aid (FAFSA) must be on file with the Financial Aid Office before a Special Circumstance is considered.**

**Student Information**

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone #: \_\_\_\_\_

**Parental Information** (as indicated on the FAFSA)

Father/Stepfather Name: \_\_\_\_\_

Mother/Stepmother Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_  
Street Phone

City State Zip Code

**Instructions**

- 1) Please indicate the reason(s) for your income reduction/extraordinary expenses by marking the boxes on page 2 that apply to your situation. You must complete **all applicable** sections on page 3, and attach the required documentation as indicated.
- 2) Write a brief summary of your special circumstance(s) and complete the signature requirements on page 4.
- 3) Financial Aid will review your appeal upon receipt of the Special Circumstances Form along with the requested documentation. Before your appeal is processed, you may receive an initial award notification based on the results of the original FAFSA data. You should allow 3-4 weeks from the time your form is received in our office for the appeal process to be completed.
- 4) **No Special Circumstances will be processed unless all requested documentation (as listed on page 2) is received. Both signatures are required from student AND parent; otherwise it will be considered incomplete and will not be processed.**

OFFICE USE ONLY	
Prior Year Special Circumstance: ____ Yes ____ No	Comments: _____
Not Eligible for Special Circumstance _____	_____
Special Circumstance Approved _____	_____
Special Circumstance Denied _____	_____
Old EFC _____ New EFC _____	Administrator _____ Date _____

**Income Reduction Reason(s):** Please indicate the reason for your change request. Mark all that apply and attach the required documentation.

**Loss / Change in Employment**

- Attach letter or notification from employer regarding loss of job or change in job status
- Copy of most recent paystub or statement of earnings for 2018 or 2019 for you/your spouse, if applicable, or both parents
- Notice of application for Unemployment benefits, specifically, the Maximum Benefit Letter detailing the amount received
- Documentation of any other income received in 2018 or 2019 for you/your spouse, or both parents. Attach copy of your 2017 federal income tax return and other appropriate documentation for one-time income received

**Separation / Divorce of Parents or from Spouse**

- Attach separation papers or agreement, divorce decree/settlement, or letter from a participating attorney or mediator stating marital status, OR if no formal agreement is initiated, please document separate residences
- Attach copies of your 2017 federal income tax return and either a state income tax return or W-2s

**Death of Parent or Spouse**

- Name and relationship to student: \_\_\_\_\_
- Please provide the date of parent or spouse's death: \_\_\_\_\_
- Attach copy of death certificate or obituary
- Attach copies of your 2017 federal income tax return and either a state income tax return or W-2s

**One-time Income**

- Provide the source, amount of income, and reason funds are not available for educational purposes in the *summary* section of this form \_\_\_\_\_
- Attach copy of your 2017 federal income tax return and other appropriate documentation for one-time income received

**Loss of Benefits**

- Child Support - Attach copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received.
- Social Security - Attach copy of notification of loss of social security income - include benefit ending date and monthly amount received.
- Unemployment Benefits - Attach copy of notification of loss of unemployment income stating benefit ending date and monthly amount received.

**Other**

- Please indicate the reason and provide the appropriate documentation

**Extraordinary Expense(s):** Please indicate the expense(s) for which you are requesting consideration. Mark all that apply and attach the required documentation.

**Medical / Dental** (*Insurance premiums and expenses covered by insurance may not be included in this total*)

- Attach a copy of your and/or your parents' Schedule A of the 2017 Federal Income Tax Return or copies of PAID receipts of canceled checks incurred throughout 2017 (*expense must be reduced by 7.5% of the AGI*)

**Elementary and Secondary Tuition Payments**

- Include a signed statement, payment summary, or billing detail from the elementary or secondary school stating tuition paid or to be paid for the 2019-2020 academic year minus any waiver, discount, or financial aid.

**Childcare / Daycare Payments**

- Include a signed statement, payment summary, or billing detail from childcare provider stating weekly childcare fee, amount subsidized by scholarship or State and/or Federal assistance programs, and the final weekly fee amount paid by the parent
- Indicate the first date your child was enrolled: \_\_\_\_\_

**Please provide the following household and income data.**

**Household Information: (Please include the Student & ALL other household members)**

Name	Relationship to Student	Age	Elementary/High School/College Attending
1.	Self		TBC
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

**Income Information**

List the amount of all household income that has been received or will be received **between January 1, 2019 and December 31, 2019**. You must attach the required documentation for each income source. Please refer to the list of documentation sources on page 2. Additional information may be requested on a case-by-case basis.

**Please indicate \$0 in the box if a particular income or benefit does not apply.**

Income / Benefits for Jan 1, 2019 – Dec 31, 2019	Actual Income Rec'd (Jan. 1, 2019 to Today)	Anticipated Income (Today to Dec. 31, 2019)	Total Income Rec'd (Actual + Estimated)
Expected 2019 income earned from work by Father (wages, salaries, tips, net business / farm income)			
Expected 2019 income earned from work by Mother (wages, salaries, tips, net business / farm income)			
Expected 2019 income earned from work by Student (wages, salaries, tips, net business / farm income)			
Expected 2019 income earned from work by Spouse (wages, salaries, tips, net business / farm income)			
Unemployment Compensation received			
Other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, gambling earnings, etc) <b>Source:</b>			
Child Support received			
Housing or Other Allowances (clergy, military, etc)			
Other untaxed income (earned income credit, worker's compensation, payments to IRA/Keogh, etc) <b>Source:</b>			
Taxable Social Security Benefits			
Veteran's Non-Educational Benefits			
<b>Total Income for 2019</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

