



Student ID Number: _____

2018-2019 SPECIAL CIRCUMSTANCES REQUEST FORM

Last name	First Name	M.I.	Social Security Number

INSTRUCTIONS: According to federal laws and regulations, a family's 2016 income is used to assess financial need for the 2018-2019 school year. However, if a family's expected 2017 or income is lower, due to special circumstances, a financial aid administrator, under professional judgment, may be able to use the 2017 estimated income to assess financial need. Students who transfer from one school to another must understand that professional judgment decisions DO NOT transfer from one school to another. The federal system will use the original "base year" data and our office, by regulation, cannot accept another schools decision. Making a request does not ensure the request will be approved. Please provide information regarding your reduction in income by completing this form and providing the requested documentation. We can only substitute the 2016 year income with income received during 2017 or 2018.

Indicate family member that experienced the loss of income due to special circumstances:

- Father/Step-father Mother/Step-mother Student/Self Student's Spouse

1. Indicate the reason(s) for your reduction in income and other special circumstance(s) on page 1 and/or page 2, and attach any required documentation, **including** your/spouse's and/or parent's 2017 Federal Tax Return Transcript and all 2017 Wage and Income Transcript.
2. Write a detailed letter explaining how your family's financial circumstances have changed, meeting one of the specified criteria listed below, sign and date the letter and attach to this form.
3. Attach all 2018-2019 Verification Information: Verification (Independent or Dependent) Worksheet, your/your spouse's and/or parent's 2016 Federal Tax Return Transcript and 2016 Wage and Income Transcript.

You must present your completed special circumstance form and all required documentation to the Financial Aid Office. The Financial Aid Director responds to all requests in writing within 10 school days from the receipt of your request. All documentation must be received for special circumstance request to be reviewed or considered.

Please indicate the reason for your parent's (if dependent) and/or your spouse's (if independent) change in income. Place an X next to each item that applies and attach the required documentation.

- Loss of income from work. Provide proper documentation.
- Layoff. Provide a letter from employer stating effective date and anticipated return.
- Plant Closing. Provide a letter from employer stating effective date.
- Termination. Provide a letter from employer stating effective date. If this is not available, provide documentation from your local unemployment office.
- Disability. Date of disability (m/d/yr) _____. Attach documentation of the disability.
- Loss of taxable income. Provide proper documentation.
- Alimony. Provide court document(s) stating termination date of benefit.
- Unemployment. Provide a letter from the unemployment office stating termination date of benefit.
- Loss of untaxed income. Provide proper documentation.
- Child Support. Provide a letter or court document stating termination date of benefits.
- Worker's Compensation. Provide a letter from Bureau of Worker's Compensation stating termination date of benefits.

Other Special Circumstances: Place an X next to each item that apply and attach the required documentation.

Decreases to the Adjusted Gross Income:

- Medical or dental expenses you, your spouse or your parents have PAID for the 2016 or 2017 calendar year that are not covered by insurance and these expenses exceeds 11% of your total income. Provide a copy of Schedule A of 2016 or 2017 Federal tax return(s) or copies of canceled checks for 2016 or 2017 and confirmation of total amount paid by insurance in 2016 or 2017.
- Nursing home expenses for household family members paid out of pocket and NOT covered by health insurance or reimbursed by a third party. Provide documentation of expenses PAID for 2016 or 2017.
- Conversion of a regular IRA into a Roth IRA for the 2016 or 2017 tax year. Provide proper documentation.

Changes to the Number in College:

- Parents can be included in the number in college if they are enrolled at least half-time (6 hours) in a degree, certificate, or other program leading to a recognized educational credential at an institution with a program participation agreement under section 487, 34 CFR 668.14. They must be enrolled during the 2018-2019 academic year. Provide a Verification of Enrollment from the Registrar's or Admission's Office of the institute your parent(s) attend.

Separation/Divorce or Death:

(Only complete this section if this occurred since completing the 2018-2019 FAFSA or you and your spouse or your parents filed a joint tax return.)

- Separation from Spouse or Separation of Parents. Date of Separation: _____
Physical Address of each person involved in the separation:
a. Person #1-Name and Address: _____
b. Person #2-Name and Address: _____
Attach any legal documents/letters relating to the separation.
- Divorce-Attach final divorce decree.
- Death of a parent or spouse. Attach a copy of the death certificate or obituary.

2017 YEAR-TO-DATE INCOME CALCULATION

Please list your/your spouse's and/or parent's, if applicable, year-to-date income received from January 1, 2017 through December 31, 2017. (Attach your/your spouse's and/or parent's 2017 Federal Tax Return Transcript and 2017 Wage and Income Transcript.)

Year:	Parent's		Student's/Spouse's	
	2017	2018	2017	2018
Earnings from work (Salary, Wages and Tips):	\$	\$	\$	\$
Unemployment Benefits:	\$	\$	\$	\$
Worker's Compensation:	\$	\$	\$	\$
IRA/Pension Distributions:	\$	\$	\$	\$
Welfare Benefits (TANF but not food stamps):	\$	\$	\$	\$
Child Support Received:	\$	\$	\$	\$
Alimony:	\$	\$	\$	\$
Other Taxed Income (Dividend Interest, Business Income, etc.):	\$	\$	\$	\$
Other Untaxed Income (Veterans Non-education Benefits, Death Pensions, Money received from friends/family, etc.):				
Total Income:	\$	\$	\$	\$

