

## 2020-2021 SPECIAL CIRCUMSTANCES REQUEST FORM

Last name	First Name	M.I.
		Social Security Number

**INSTRUCTIONS:** According to federal laws and regulations, a family's 2018 income is used to assess financial need for the 2020-2021 school year. However, if a family's expected 2019 income is lower, due to special circumstances, a financial aid administrator, under professional judgment, may be able to use the 2019 or 2020 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 school's 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 2018 year income with income received during 2019 or 2020.

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 2019 Federal Tax Return Transcript and all 2019 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 2020-2021 Verification Information: Verification (Independent or Dependent) Worksheet, your/your spouse's and/or parent's 2018 Federal Tax Return Transcript and 2018 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 2018 or 2019 calendar year that are not covered by insurance and these expenses exceeds 11% of your total income. Provide a copy of Schedule A of 2018 or 2019 Federal tax return(s) or copies of canceled checks for 2018 or 2019 and confirmation of total amount paid by insurance in 2018 or 2019.
- ☐ 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 2018 or 2019.
- ☐ Conversion of a regular IRA into a Roth IRA for the 2018 or 2019 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 2020-2021 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 2019-2020 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.

**2019 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, 2019 through December 31, 2019.** (Attach your/your spouses and/or parent's 2018 Federal Tax Return Transcript and 2019 Wage and Income Transcript.)

Year:	Parent's		Student and/or Spouse	
	2019	2020 (Estimated)	2019	2020 (Estimated)
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:	\$	\$	\$	\$

**Report all income you have actually received from January 1, 2019 through December 31, 2019. YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.** Failure to provide documentation to validate the change in your household financial situation will result in the denial of the special circumstance request.

My signature below certifies that the information provided above is true. I agree to provide proof of the information if requested. I understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both. I understand that this information is for the 2020-2021 academic year.

I also understand the financial aid administrator will make a decision based upon the documentation provided and that the decision is final and cannot be appealed to any agency, including the U. S. Department of Education.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_ (dependent)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ (independent)

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**For Office Use Only**

\_\_\_\_\_ Accepted per professional judgment based on submitted documentation.

\_\_\_\_\_ Denied per professional judgment based on submitted documentation.

**Comments:**


Student:	2019/2020 AGI_____	2019/2020 Taxes Paid_____	2019/2020 Untaxed Income_____
Parent(s):	2019/2020 AGI_____	2019/2020 Taxes Paid_____	2019/2020 Untaxed Income_____
ISIR Trans # _____	Old EFC_____	New EFC_____	

\_\_\_\_\_  
Signature of Financial Aid Professional

\_\_\_\_\_  
Date