

# SPECIAL CIRCUMSTANCE FORM

## 2016-2017

STUDENT'S NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:** This form should be completed by families who are experiencing changes in their 2016 financial status or who have unusual expenses as a result of one or more of the following situations. Please check all that apply, provide as much explanation as possible, attach the appropriate documentation, then sign and return all information directly to the Student Administrative Services Office to request a review of your 2016-2017 financial aid application.

**SPECIAL CIRCUMSTANCES: Please check the item(s) below which describe your current situation.**

1) Your or your parent(s)/spouse's 2016 income will be significantly lower than your 2015 income due to:

A change in employer. Effective Date: \_\_\_\_\_

**Required Documentation:**

- Complete the estimated income section on page 3.
- Letter from employer indicating last day of employment and amount of benefits to be paid out (e.g., severance pay, vacation pay, etc.)
- Copy of the final pay stub from previous job.
- Letter from new employer indicating start date and pay rate, and a copy of the most recent pay stub from your current job.

Loss of job or retirement from job. Effective Date: \_\_\_\_\_

**Required Documentation:**

- Complete the estimated income section on page 3.
- Letter from employer indicating last day of employment and amount of benefits to be paid out (e.g., severance pay, vacation pay, etc.)
- Copy of the final pay stub from previous job.
- Notice from Bureau of Employment Services, which indicates eligibility for unemployment compensation.

A reduction in or loss of child support, social security benefits, or other benefits received.

**Required Documentation:**

- Complete the estimated income section on page 3.
- Copy of a notice of benefit termination, or a copy of the court order that specifies when payments cease.

Receipt of a lump-sum payment in 2015 which will not be received in 2016.

**Required Documentation:**

- Complete the estimated income section on page 3.
- Provide documentation of source of lump sum payment.
- Provide documentation of how the lump sum payment was used.

Separation or divorce after filing the 2016-2017 FAFSA. Separation/Divorce Date: \_\_\_\_\_

**Required Documentation:**

- Copy of divorce decree or separation agreement, if available.
- Use the back page to list the name and address of spouse, custodial parent, and any agreements for payment of University expenses.

Other: \_\_\_\_\_

2) **Your or your parent(s)'/spouse's 2015 income does not accurately reflect your available income because:**

- In 2016-2017, the family will pay tuition of more than \$3500 to private elementary or high school (s). Do not include the amount of tuition paid for college student(s). The amount to be paid is \$\_\_\_\_\_

**Required Documentation:**

- Letter from school(s) stating the name of each child enrolled for the 2016-2017 school year, his/her grade level, and the amount of **tuition to be paid. The amount reported should be reduced by any scholarships, grants or need-based aid the student will receive. Please do not include any fees.**
- Complete the information requested below.

| Child's Name | Age | Grade | Elementary/Secondary School | Tuition |
|--------------|-----|-------|-----------------------------|---------|
|              |     |       |                             |         |
|              |     |       |                             |         |
|              |     |       |                             |         |
|              |     |       |                             |         |
|              |     |       |                             |         |

- In 2015, the family paid more than 11% of their adjusted gross income for medical and/or dental expenses which was not covered or reimbursed by insurance. The amount paid was \$\_\_\_\_\_

**Required Documentation:**

- Copy of 2015 1040 Schedule A (if Schedule A was not filed, submit a statement from your health insurance provider indicating amount of bills not covered by insurance. Attach a statement as to the portion actually paid during 2015.)
- If you wish to explain any unusual medical expenses, please do so below. Continue on page four if more space is needed.

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- 3) Attach copies of your and your parent(s)'/spouse's 2015 Federal income tax return (if they have not previously been submitted to the Student Administrative Services Office.)
- 4) Use the space on page 4 to explain the circumstances affecting your ability to contribute to your education costs (attach additional pages if necessary).
- 5) If you checked any item under section #1, you must complete the estimated income section(s) on page 3.

***Appeals will NOT be considered until all supporting documents and tax returns are submitted to the Student Administrative Services Office.***

**ESTIMATED 2016 INCOME**

Please complete this section if the family (including parents', stepparents', and/or student's) income will DECREASE in 2016. You should provide your best estimates of the amounts you will receive from all sources (include taxable and non-taxable income) from January 1, 2016 through December 31, 2016.

| 1. Parent(s) Information  |          | 2. Student/Spouse Information   |          |
|---|----------|---|----------|
| Father's 2016 anticipated gross <u>earned</u> income  | \$ _____ | Student's 2016 anticipated gross <u>earned</u> income   | \$ _____ |
| Mother's 2016 anticipated gross <u>earned</u> income  | \$ _____ | Spouse's 2016 anticipated gross <u>earned</u> income  | \$ _____ |
| 2016 Interest/Dividend Income   | \$ _____ | 2016 Interest/Dividend Income   | \$ _____ |
| Alimony Received  | \$ _____ | Alimony Received  | \$ _____ |
| Unemployment Compensation   | \$ _____ | Unemployment Compensation   | \$ _____ |
| Family's 2016 other taxable income  | \$ _____ | Family's 2016 other taxable income  | \$ _____ |
| Family's 2016 Social Security Benefits  | \$ _____ | Family's 2016 Social Security Benefits  | \$ _____ |
| Child Support   | \$ _____ | Child Support   | \$ _____ |
| Welfare Benefits  | \$ _____ | Welfare Benefits  | \$ _____ |
| Veteran's Benefits  | \$ _____ | Veteran's Benefits  | \$ _____ |
| Worker's Compensation   | \$ _____ | Worker's Compensation   | \$ _____ |
| Disability Benefits   | \$ _____ | Disability Benefits   | \$ _____ |
| Family's 2016 other non-taxable income not listed above. Circle those that apply: interest on tax-free bonds, IRA/KEOGH plans, untaxed pensions, untaxed capital gains, and living allowance for military and clergy. | \$ _____ | Family's 2016 other non-taxable income not listed above. Circle those that apply: interest on tax-free bonds, IRA/KEOGH plans, untaxed pensions, untaxed capital gains, and living allowance for military and clergy. | \$ _____ |
| <b>TOTAL</b>  | \$ _____ | <b>TOTAL</b>  | \$ _____ |

**STATEMENT AND CERTIFICATION**

I (We) hereby affirm that all information reported on this form and any attachments hereto is true, complete, and accurate to the best of our knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will have to pay it back; I (we) may also have to pay fines and fees. If I (we) purposely give **false or misleading information** on this form, I (we) may be fined \$10,000, sent to prison, or both.

**PLEASE NOTE: If this form is submitted after January 1, 2017 you must include a signed 2016 federal tax return and 2016 W-2 forms.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Dependent Student's Only:

Father/Stepfather's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Stepmother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

