

# SPECIAL CIRCUMSTANCE FORM 2018-2019

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

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

**INSTRUCTIONS:** This form should be completed by families who are experiencing changes in their 2018 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 2018-2019 financial aid application.

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

1) Your or your parent(s)/spouse's 2018 income will be significantly lower than your 2016 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 2016 which will not be received in 2018.

**Required Documentation:**

- Complete the estimated income section on page 3.
- Copy of 2016 federal tax return.
- Provide documentation of source of lump sum payment.
- Provide documentation of how the lump sum payment was used.

Separation or divorce after filing the 2018-2019 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.
- Copy of 2016 federal tax return.
- Copy of W-2 forms.

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

2) **Your or your parent(s)/spouse's 2016 income does not accurately reflect your available income because:**

- In 2018-2019, 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 2018-2019 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 2017, 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 2017 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 2017.)
- 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) Use the space on page 4 to explain the circumstances affecting your ability to contribute to your education costs (attach additional pages if necessary).
- 4) 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 2018 INCOME**

Please complete this section if the family (including parents', stepparents', and/or student's) income will DECREASE in 2018. You should provide your best estimates of the amounts you will receive from all sources (include taxable and non-taxable income) from January 1, 2018 through December 31, 2018.

| 1. Parent(s) Information  |          | 2. Student/Spouse Information   |          |
|---|----------|---|----------|
| Father's 2018 anticipated gross <u>earned</u> income  | \$ _____ | Student's 2018 anticipated gross <u>earned</u> income   | \$ _____ |
| Mother's 2018 anticipated gross <u>earned</u> income  | \$ _____ | Spouse's 2018 anticipated gross <u>earned</u> income  | \$ _____ |
| 2018 Interest/Dividend Income   | \$ _____ | 2018 Interest/Dividend Income   | \$ _____ |
| Alimony Received  | \$ _____ | Alimony Received  | \$ _____ |
| Unemployment Compensation   | \$ _____ | Unemployment Compensation   | \$ _____ |
| Family's 2018 other taxable income  | \$ _____ | Family's 2018 other taxable income  | \$ _____ |
| Family's 2018 Social Security Benefits  | \$ _____ | Family's 2018 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 2018 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 2018 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, 2019 you must include a signed 2018 federal tax return and 2018 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: \_\_\_\_\_

**EXPLANATIONS/ADDITIONAL COMMENTS: (Attach a separate sheet if additional space is needed.)**

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**COUNSELOR NOTES:**

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**RETURN COMPLETED FORM TO THE MOUNT ST. JOSEPH UNIVERSITY  
STUDENT ADMINISTRATIVE SERVICES  
5701 DELHI ROAD  
CINCINNATI, OH 45233-1670**