

2016-2017 SPECIAL CIRCUMSTANCES FORM

Student Name: _____

C- Number: _____

EXPLANATION OF SPECIAL CIRCUMSTANCES:

You must attach a signed, written statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your particular situation. **Submission by a third party on behalf of parent/student will not be considered.**

SPECIAL CIRCUMSTANCES FOR CONSIDERATION:

Please check conditions that apply and submit all documentation required for each condition.

Special Circumstances	Dependent Student	Independent Student	Required Documentation
<input type="checkbox"/> Loss of Employment Requests should be submitted 8 weeks after last date of employment	You and/or your parent's income earned in 2015 is less than that earned in 2016.	You and/or your spouse's income earned in 2016 is less than that earned in 2015.	<ul style="list-style-type: none"> • Dependent/Independent Verification Worksheet • IRS data retrieval or 2015 IRS federal tax return transcripts for all • 2015 IRS federal tax return for all • 2015 w-2 wage statements for all • Last pay stub showing year-to-date earnings • Termination notice from employer • Unemployment Benefit notice
<input type="checkbox"/> Other Loss of Income <ul style="list-style-type: none"> ❖ Alimony ❖ Child Support ❖ Retirement/Pension ❖ Social Security ❖ Worker's Compensation 	You and/or your parent's received benefits in 2015 which has ceased or been reduced in 2016.	You and/or your spouse's received benefits in 2015 which has ceased or been reduced in 2016.	<ul style="list-style-type: none"> • Dependent/Independent Verification Worksheet • IRS data retrieval or 2015 IRS federal tax return transcripts for all • 2015 IRS federal tax return for all • 2015 w-2 wage statements for all • Original 2015 Benefit statement listing total amount received • Revised benefit statement listing updated amount to receive and effective date
<input type="checkbox"/> Separation or Divorce Requests for recent non-legal separations are subject to a 6-month waiting period.	Your parents separated or divorced during the preceding or current tax year.	You and your spouse separated or divorced during the preceding or current tax year.	<ul style="list-style-type: none"> • Dependent/Independent Verification Worksheet • IRS data retrieval or 2015 IRS federal tax return transcripts for all • 2015 IRS federal tax return for all • 2015 w-2 wage statements for all • Divorce decree or separation agreement or proof of separate residence
<input type="checkbox"/> Death of a Parent or Spouse	A parent passed away during the preceding or current tax year.	Your spouse passed away during the preceding or current tax year.	<ul style="list-style-type: none"> • Dependent/Independent Verification Worksheet • IRS data retrieval or 2015 IRS federal tax return transcripts for all • 2015 IRS federal tax return for all • 2015 w-2 wage statements for all • Applicable death certificate
<input type="checkbox"/> Medical/Dental Expense Paid medical or dental expenses over 11% of Adjusted Gross Income (AGI).	Paid 2015 medical expenses by you or your parents were over 11% of AGI or anticipated expenses in 2016 are over 11% of AGI.	Paid 2015 medical expenses by you or your spouse were over 11% of AGI or anticipated expenses in 2016 are over 11% of AGI.	<ul style="list-style-type: none"> • Dependent/Independent Verification Worksheet • IRS data retrieval or 2015 IRS federal tax return transcripts for all • 2015 IRS federal tax return for all (including Schedule A) • 2015 w-2 wage statements for all • A detailed letter indicating amount of medical/dental expenses and when they were incurred.
<input type="checkbox"/> One Time (Lump Sum) Payment Requests for a one-time hardship withdrawal from pension and/or retirement account will only be considered once.	You or Your parent received a one-time, lump sum payment in 2015.	You and/or Your Spouse received a one-time, lump sum payment in 2015.	<ul style="list-style-type: none"> • Dependent/Independent Verification Worksheet • IRS data retrieval or 2015 IRS federal tax return transcripts for all • 2015 IRS federal tax return for all • 2015 w-2 wage statements for all • Documentation showing source and amount of lump payment. • A detailed letter indicating what these funds were used for and the balance remaining at this time.

PROJECTED INCOME AND BENEFITS FROM JANUARY 1, 2016 TO DECEMBER 31, 2016:

SOURCE OF INCOME:	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER	STUDENT	STUDENT'S SPOUSE
Wages, Tips, Salary	\$	\$	\$	\$
Interest and/or Dividend Income	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Pensions and/or Annuities	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
Social Security Benefits (taxable)	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
TOTAL OF ALL INCOME:				

STATEMENT OF CERTIFICATION:

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in a change of the financial aid already offered. Students submitting requests should allow approximately 4 weeks for processing time. While your request is being reviewed, students are advised to accept their current award package for billing purposes.

Student's signature Date

Student's Spouse's signature (if applicable) Date

Parent's signature (if student is dependent) Date

HAVE YOU PROVIDED ALL OF THE FOLLOWING?

- ✓ Written Detailed Statement of circumstance
- ✓ Tax returns, schedules, W2 Wage Statements
- ✓ All Required Documentation as indicated
- ✓ Appropriate Signatures on ALL forms
- ✓ Student's Name and C-number on ALL forms