

2017-2018 SPECIAL CIRCUMSTANCES FORM

Student Name: _____

C- Number: _____

Requests should be submitted eight weeks after date of initial reduction or change in circumstance. **Submission by a third party on behalf of parent/student will not be considered.**

Dependent student: Must include documentation for both you and your parent(s).

Independent student: Must include documentation for you and your spouse, if applicable.

SPECIAL CIRCUMSTANCES FOR CONSIDERATION:

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

<input type="checkbox"/> Change in Income in 2016 Select if your income in 2016 was significantly less than that in 2015. Complete and Submit: <ul style="list-style-type: none"> • Section A • Section B 	<input type="checkbox"/> Change in Income in 2017 Select if your income in 2017 is going to be significantly less than that in either 2015 or 2016. Requests for change in income for 2017 are subject to a waiting period. Complete and Submit: <ul style="list-style-type: none"> • Section A • Section C • Termination notice from employer and last pay stub showing all earnings • Unemployment benefit notice 	<input type="checkbox"/> Separation or Divorce Requests for recent non-legal separations are subject to a six-month waiting period. Complete and Submit: <ul style="list-style-type: none"> • Section A • Section B if occurred in 2016 • Section C if occurred in 2017 • Divorce decree or separation agreement or proof of separate residence
<input type="checkbox"/> Death of a Parent or Spouse Complete and Submit: <ul style="list-style-type: none"> • Section A • Section B if loss occurred in 2016 • Section C if loss occurred in 2017 • Applicable death certificate 	<input type="checkbox"/> Medical/Dental Expense in 2016 Paid medical or dental expenses over 11% of Adjusted Gross Income (AGI). Complete and Submit: <ul style="list-style-type: none"> • Items listed in Section A • Schedule "A" listing Itemized deductions 	<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. Complete and Submit: <ul style="list-style-type: none"> • Section A • Documentation showing source and amount of lump payment

[Section A:](#) Required Documentation

- Written statement detailing the specifics of your circumstances including any pertinent information that will help us better understand your particular situation
- Dependent/Independent Verification Worksheet and supporting tax documentation
- **Signed** copy of **2016** IRS Federal Tax Return with all schedules
 - Non-filers must submit a signed document stating they will not file a **2016** tax return
- **2016** W-2 wage statements
- In cases of reduced income from child support, retirement, pension or workers compensation
 - Original **2015** benefit statement listing total amount received
 - Revised benefit statement listing updated amount to receive and effective date

Section B: 2016 Untaxed Income

Indicate "0" if none - do not leave blank	Student	Parent(s)
Taxed deferred pension from W2 boxes 12a through 12d include codes D, E, F, G, H, S. Do not include code DD.	\$	\$
Child support received for all children. Do not include foster care or adoption payments.	\$	\$
Housing, food and living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).	\$	\$
Worker's Compensation and/or Disability. Do not include Social Security Disability benefits.	\$	\$
Veterans non-education benefits (include disability, death pension, dependency and indemnity compensation (DIC), and/or VA Work-study allowance)	\$	\$
Money received , or paid on your behalf (e.g. bills paid) not reported elsewhere	\$	NA
Other untaxed income not reported elsewhere (e.g. 529 Plan Distribution from anyone other than custodial parent)	\$	\$

Section C: 2017 Projected Income

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 four 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