



Special Circumstance Review 2016-17

Student Name: _____ Social Security: XXX-XX _____ Student ID: _____
(last four digits only)

Please complete this form entirely and provide all required documentation. Requests for review that do not include required documentation will not be considered.

Please explain in detail the unusual or special circumstance that you were unable to address when completing the Free Application for Federal Student Aid (FAFSA). Please be as descriptive as possible. You may attach additional pages if necessary.

Reduction in Income

Person reporting a reduction in income: _____ Self Supporting Student _____ Parent(s) of a Dependent Student

If parent, please list parent's name: _____

Have you previously requested a review of your special circumstance? _____ No _____ Yes, in the year of _____

Have you or your spouse experienced a minimum of three months loss of income due to involuntary circumstances? _____ Yes _____ No

Cause of Reduction in Income

Please indicate below the cause of the reduction in your income:

_____ Involuntary separation from employment	Effective date _____
_____ Involuntary loss of income	Effective date _____
_____ Death of spouse or parent	Effective date _____
_____ Divorce or separation	Effective date _____
_____ Disability of student, spouse, or parent	Effective date _____
_____ Decision to leave work and return to school	Effective date _____
_____ Other, please describe	Effective date _____

CONTINUED ON OTHER SIDE

Anticipated Income for Calendar Year 2016

Please estimate your expected annual income in the year of 2016. Report the following information for yourself and your spouse, if applicable, or your parent(s). If the loss of income is due to the death of a spouse or parent, give only the information for you or the surviving parent.

Expected Annual Income January 1, 2016 through December 31, 2016	Student	Spouse	Parent 1	Parent 2
Wages, tips, salaries Include severance pay, disability payments, taxable combat pay, and any income earned from work.	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Other taxable income Source: _____	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Other untaxed income Source: _____	\$	\$	\$	\$
Total Expected Annual Income	\$	\$	\$	\$

Supporting Documentation

- Statement of Unemployment Benefits, if received Yes No
- Letter from previous employer (on company letterhead) indicating start and end dates of employment Yes No
- DD214 if recently separated from the military Yes No
- If reporting separation or divorce, appropriate court documents indicating date of separation or divorce Yes No

Note: If you have not previously submitted the following verification forms, please do so **before** submitting this Special Circumstances Request:

- 2015 Federal Tax Transcript for student /spouse and/or parent(s).
- 2016-2017 Verification Worksheet completed with appropriate signatures and documentation.

My signature certifies that the information provided is true and correct and that I am providing an accurate description of my financial situation. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education.

Student Signature _____ Date _____

Spouse's Signature _____ Date _____

Parent Signature _____ Date _____

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FOR OFFICE USE ONLY

Reviewed by Coordinator Initials _____ Date _____
Scanned and sent to Central Financial Aid Initials _____ Date _____