



## Special Circumstance Request 2017-18

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

In some cases, students and parents find the information they provided on the Free Application for Federal Student Aid (FAFSA) no longer reflects their current financial situation. When circumstances change, students may request a change to income data items on their FAFSA at their Campus Financial Aid Office. Example reasons for filing a Special Circumstance Request:

- The student's parent or spouse has passed away
- The family has incurred extraordinary medical/dental expenses (paid and not covered by insurance)
- The student's parent is attending college at least half-time in a degree-seeking program
- The student's parent or student has retired
- The student or the student's parents have separated or divorced
- The student's or parent(s)' income has been significantly reduced in 2016
- The student or parent(s) no longer receives untaxed benefits such as child support, or other sources of income.

To request changes to your FAFSA please complete this form and provide all required documentation. **Please note: incomplete forms that do not include the 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) for the 2017-18 year. Please be as descriptive as possible. *You may attach additional pages if necessary.*

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### 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 the effective date:

_____ Involuntary separation from employment	Last day of employment	_____
_____ Involuntary loss of income	Last date income was received	_____
_____ Death of spouse or parent	Date of death	_____
_____ Divorce or separation	Date of divorce or separation	_____
_____ Disability of student, spouse, or parent	Date of disability	_____
_____ Decision to leave work and return to school	Last day of employment	_____
_____ Other, please describe:	Effective date	_____

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**Special Circumstance Request Options:**

- 1) **Income for Calendar Year 2016** (Families who have experienced a reduction in income or benefits that is reflected on their 2016 IRS Tax Return Transcript.)
- 2) **Anticipated Income for Calendar Year 2017** (Families who have experienced a reduction in income that will be reflected in the 2017 calendar year.)

Complete only one of the sections below by selecting the one that best fits your family situation and provide the appropriate documentation:

**1) Income for Calendar Year 2016** (If you complete form number 1 below, do not complete form number 2 on the following page).

Please provide your annual income received 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.

Annual Income for 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	\$	\$	\$	\$
Other untaxed income Source: _____	\$	\$	\$	\$
<b>Total Annual Income</b>	\$	\$	\$	\$

**Required Supporting Documents if Applicable:**

- |  |     |    |
|--|-----|----|
| • 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 |
| • Copies of all 2016 W2s for student/spouse and/or parent(s)   | Yes | No |
| • Copy of 2016 Federal Tax Return Transcript student/spouse and/or parent(s)                               | Yes | No |
| • Copy of current pay stub from the individual whose income has been significantly reduced                 | Yes | No |
| • Documentation supporting parents enrollment at least half-time in a program leading to a degree          | Yes | No |
| • If reporting death of a spouse or parent, copy of death certificate                                      | 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).
- 2017-2018 Verification Worksheet completed with appropriate signatures and documentation.

**2) Anticipated Income for Calendar Year 2017** (If you complete form number 2 below, do not complete form number 1 on the previous page).

Please estimate your expected annual income in the year of 2017 only if there is a change in your income that will continue through the 2017 year. 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, 2017 through December 31, 2017	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: _____	\$	\$	\$	\$
<b>Total Expected Annual Income</b>	\$	\$	\$	\$

**Required Supporting Documents if Applicable:**

- |  |     |    |
|--|-----|----|
| • 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 |
| • Copies of all 2016 W2s for student/spouse and/or parent(s)   | Yes | No |
| • Copy of 2016 Federal Tax Return Transcript student/spouse and/or parent(s)                               | Yes | No |
| • Copy of current pay stub from the individual whose income has been significantly reduced                 | Yes | No |
| • Documentation supporting parents enrollment at least half-time in a program leading to a degree          | Yes | No |
| • If reporting death of a spouse or parent, copy of death certificate                                      | Yes | No |

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

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- 2017-2018 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's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reviewed by Coordinator

Initials \_\_\_\_\_ Date \_\_\_\_\_

Scanned and sent to Central Financial Aid

Initials \_\_\_\_\_ Date \_\_\_\_\_