



2016-17 SPECIAL CIRCUMSTANCE REQUEST

Financial need is normally based on each student’s or family’s gross annual income for the previous tax year. If your income has recently changed or if certain income should be excluded, we may be able to re-evaluate your financial need based upon your projected gross income for the 2016 tax year (January 1, 2016-December 31, 2016). For dependant students we only consider parent income changes. For independent students, we only consider student’s and spouse’s income changes.

Special Circumstances DO NOT include:

- Personal living expenses (e.g. weddings, credit card bills, mortgages, school loan payments, and other miscellaneous consumer loans or expenses).
- One time incomes such as the lottery or gambling winnings.
- Parents not helping with college costs.

INSTRUCTIONS:

Please complete each section that applies to you, attach requested documentation (listed in each section), sign and return to the Financial Aid Office. In order for your request to be processed you must:

- Indicate the reason(s) for your change in circumstance and attach any required documentation.
- Write a brief summary of your request.
- Document current income. (Skip if only applying for excessive medical or unsafe environment.)

Student Name: _____ SSN : _____

Address: _____
Street City State Zip Code

Phone/Cell: _____ Email: _____

REASONS FOR REQUEST (CHECK ALL THAT APPLY):

Excessive Medical bills Effective Date: _____

Amount paid for unusual or ongoing major medical expenses not covered by insurance: \$ _____

- Please provide medical bills as a supporting documentation.
- Please provide a of your 2015 Tax Filing (Form 1040, 1040A, 1040EZ)

Loss/Reduction of Employment/Income or Assets Effective Date: _____

Parent or Independent student must be out of work or have experienced income reduction for a minimum of 10 consecutive weeks in 2016.

- Please provide copies of last payment stub received in 2016 from all employers along with the most recent unemployment payment stub.

Deaths of Parent/ Spouse currently listed on the FAFSA Effective Date: _____

- Please submit a copy of Death Certificate.

Divorce or Separation Effective Date: _____

Do you have any dependents? (Circle one) YES NO

ESTIMATED 2016 INCOME

You only need to do this section if there will be less income in 2016 due to unusual circumstances.

This section asks about income and benefits that you and your family expect to receive **during the year 2016** List income up to now in the first column and project the rest of the year in the second column, then add them together in the third column. Dependent students will not have income changes considered. Do NOT put hourly wage but provide estimated figures for the **entire 2016 year**. Please round amounts to the nearest dollar.

- **Please provide copies of your most recent/last pay stub and/or unemployment statement.**

2016 Taxable Income	Independent Student/Spouse			Parent(s)/Stepparent		
	Up to now in 2016	Estimated for the remainder of 2016	Estimated total for 2016	Up to now in 2016	Estimated for the remainder of 2016	Estimated total for 2016
Income from work						
Taxable interest income						
Taxable pensions/annuities						
Unemployment compensation						
Severance Pay						
Alimony/Spousal Support						
Other: _____						
	Total:			Total:		

2016 Untaxed Income	Independent Student/Spouse			Parent(s)/Stepparent		
	Up to now in 2016	Estimated for the remainder of 2016	Estimated total for 2016	Up to now in 2016	Estimated for the remainder of 2016	Estimated total for 2016
Payments to tax deferred pension/ savings plan						
IRA/KEOGH contributions						
Untaxed portion of Pensions and IRAs-exclude rollovers						
Worker's Comp/Disability						
Veterans non-education benefits received						
Housing, food and allowances for clergy, military, etc.						
Child support received						
Tax-exempt interest income						
Other: _____						
	Total:			Total:		

By signing below, I certify and attest that the information provided in and with this request is true and accurate to the best of my knowledge and ability. I understand that failure to correctly reflect my true circumstances in this request may result in loss of financial aid eligibility. I promise to notify the Financial Aid Office in writing if my circumstances represented here should change.

Student Signature

Date

Parent Signature (if applicable)

Date