



2017-2018 Special Circumstance Request

Federal regulations allow financial aid administrators to make professional judgment decisions for students with special or unusual circumstances. Examples of special circumstances include loss of income or out of pocket medical expenses.

The following documentation verifying your financial circumstance should be provided before your appeal will be considered:

- A COMPLETE Special Circumstances Request Form
- Copies of Student and Parent (if applicable) 2015 Federal Tax Return Transcripts. Transcripts may be obtained from the IRS online at www.irs.gov. If you, your spouse or parent did not file taxes, a complete Statement of Non-Filing Status (Forms 1a and 1c);
- Student and Parent (if applicable) 2015 W2 Forms; and
- A Verification Worksheet (Financial Aid Form 1).

If you have experienced a reduction in income due to change in employment status or loss of benefits:

- Last Pay Check Stubs (with year to date earnings)
- Unemployment Benefit Statement
- Social Security Benefit Statement
- Severance Benefits Paid
- Workman's Compensation Received

Or if you have medical expenses not covered by Insurance:

- Paid Receipts, Cancelled Checks, or
- Medical Statements (indicating out of pocket payments)

_____	G_____
Student's Name	Student ID Number

Please provide a detailed explanation of the circumstances you are requesting the Financial Aid Office to review.

2017 Expected Income – Please list all sources of income that will be received in your household from January 1, 2017 thru December 31, 2017. Include child support or benefits received for all children or dependents living in the household.

Mother/Step-mother wages	\$ _____	Student Wages	\$ _____
Father/Step-father wages	\$ _____	Spouse's Wages	\$ _____
Social Security Benefits	\$ _____	Child Support	\$ _____
Unemployment Benefits	\$ _____	Worker's Comp	\$ _____
Severance Pay	\$ _____	Other	\$ _____

Best person to contact if there are questions or additional information is needed:

Name: _____ Phone: _____

I/We certify that all information contained in this document is a true and accurate reflection of our 2017 projected income.

_____	_____	_____	_____
Student Signature	Date	Parent Signature	Date

For Office Use Only:

Appeal Status: Approved Denied FA Signature: _____

Reason for Determination:

FAFSA Data Elements Adjusted:

Student wages	\$ _____	Father/Step-Father	\$ _____
Spouse's wages	\$ _____	Mother/Step-Mother	\$ _____
Other Taxable Inc	\$ _____	Other Taxable Inc	\$ _____
Student/Spouse AGI	\$ _____	Parental AGI	\$ _____
Taxes Paid	\$ _____	Taxes Paid	\$ _____
Other Untaxed Inc	\$ _____	Other Untaxed Inc	\$ _____