



2019-2020 Special Circumstance Request Form

Student's Name: _____ Student ID #: _____

Mailing Address: _____ Telephone Number: _____

Email Address: _____

Complete this form, if you or your family have unusual circumstances that may affect your ability to contribute to your 2019-2020 educational expenses. Special circumstances that may be considered are separation/divorce, death, change or loss of employment income, unusually high medical expenses, or loss of benefits, etc. Submit this completed form with the required documentation listed below to your campus aid office.

****Verification of your FAFSA information must be completed first before adjustments can be made. Regularly check your LoLA account for requirements to see what documents are needed.**

Required Steps for Special Circumstance Request: (incomplete request will not be accepted)	
1. Complete your <u>2019-2020 FAFSA</u> and have it sent to the Financial Aid Office.	<ul style="list-style-type: none"> ● www.fafsa.gov ● Federal Processor will send us your FAFSA results
2. <u>Attach a Signed Letter</u> specifying your unusual circumstances	<ul style="list-style-type: none"> ● Include date(s) situation occurred ● Specify all employers where job loss occurred ● List ALL 2018 or 2019 employers for student, spouse, & parents
3. Complete the <u>2019-2020 Household Size/College Verification form</u>	<ul style="list-style-type: none"> ● www.school website.edu under Financial Aid Forms
4. Provide copies of <u>2017 and 2018 W-2 Forms AND/OR 2017 and 2018 1099 Forms</u>	<ul style="list-style-type: none"> ● For independent student (and student's spouse, if married); or ● For dependent student and student's parent(s) ● 2017 and 2018 W-2 wages must match IRS transcript wages for both years, ● If W-2 is not available, send 2017 and 2018 IRS Wage & Income Transcript available at: www.irs.gov/transcript
5. Provide <u>2017 and 2018 Income Tax Records</u>	<ul style="list-style-type: none"> ● For 2017 and 2018 Tax Filers (send Tax Return Transcript for <u>each</u> person) <ul style="list-style-type: none"> ▶ Independent student (and spouse if student is married) or ▶ Dependent student and parent (parent & current spouse, or both parents if unmarried & living together) ▶ Request at www.irs.gov/transcript, or 1-800-908-9946 ● For 2017 and 2018 Non-tax Filers (complete the 2019-2020 Verification form for <u>each person who did not file a tax return</u>) <ul style="list-style-type: none"> ▶ Student section (student and student spouse, if married) ▶ Parent section (parent and parent spouse, if married) ▶ www.school website.edu under Financial Aid Forms
6. Complete <u>Special Circumstance Request Form</u>	<ul style="list-style-type: none"> ● Complete ALL applicable sections and questions of this form, and sign the certification statement at the end: <ul style="list-style-type: none"> ▶ Independent student and spouse (if student is married) ▶ Dependent student and parent
7. Documentation required, specific to your situation	<ul style="list-style-type: none"> ● Required documents listed under "Reason for Special Circumstance Request"

Reason for Special Circumstance Request		
Reason (check box(s) below)	Whose situation Changed in 2018 or 2019?	Documents Required (must pertain to person who had the loss)
<input type="checkbox"/> Employment Loss <input type="checkbox"/> Layoff <input type="checkbox"/> Termination	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ol style="list-style-type: none"> Employer Separation/Termination Notice or employer signed statement: <ol style="list-style-type: none"> Must be on company letterhead Must document severance package (if received) Must specify effective date of separation/termination Copy of last 2018 or 2019 pay stub received from student/spouse/parent affected: <ol style="list-style-type: none"> For <u>All</u> 2018 and/or 2019 employers Did or Will the person who had the job loss receive unemployment? <ol style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Unemployment Benefit Statement required) Did or Will this person remain Unemployed for 2018 or 2019? <ol style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No Is this person now employed? <ol style="list-style-type: none"> <input type="checkbox"/> Yes, Date employment began _____/_____/_____ <input type="checkbox"/> No
<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Student <input type="checkbox"/> Parent	<ol style="list-style-type: none"> Copy of divorce decree or signed letter from lawyer (must verify separation with intent to divorce) Specify date of divorce/separation _____/_____/_____
<input type="checkbox"/> Death	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ol style="list-style-type: none"> Copy of Death Certificate or full Obituary Specify date death occurred: _____/_____/_____
<input type="checkbox"/> Excessive Medical Expenses	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ol style="list-style-type: none"> Copy of Schedule A from 2017 or 2018 federal tax return transcript or Doctor/Hospital payments for 2017 or 2018 out-of-pocket expenses that you have already paid, beyond what your insurance covers
<input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ol style="list-style-type: none"> Documentation necessary to provide proof of your unusual circumstances Loss of alimony, child support, etc. must be documented by appropriate court order or official documentation Date(s) must be documented

2019 Income You/Family Expect to Receive	Whose Income?	Total Estimated Annual Income from 1/1/2019 through 12/31/2019
<input type="checkbox"/> Income earned from work	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	\$ _____ (Student) \$ _____ (Student's Spouse) \$ _____ (Parent)
<input type="checkbox"/> Taxable Income (Unemployment Benefits, Interest/Dividend Income, Rental Alimony, etc.)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	\$ _____ (Student) \$ _____ (Student's Spouse) \$ _____ (Parent)
<input type="checkbox"/> Nontaxable Income (TANF, SNAP, Social Security Benefits, WIC, Child Support, Worker's Compensation, etc.)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	\$ _____ (Student) \$ _____ (Student's Spouse) \$ _____ (Parent)

Certification Statement	
By signing this form, I certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge. Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both. I agree to notify the Financial Aid Office, if any of the information provided on this form changes.	
Student Signature _____	Date _____
Student Spouse Signature _____ <i>(If student is married)</i>	Date _____
Parent Signature _____ <i>(Dependent students must also include parent signature)</i>	Date _____

TO BE COMPLETED BY FINANCIAL AID SCHOOL OFFICIAL

Approved: _____ Denied: _____

Comments:

Printed Name of School Official _____ Title _____

School Official Signature _____ Date _____