



Request for Special Circumstance Review 2018-19

Student Name _____ Student ID# _____

If your family's 2018 income is significantly less than your family's 2016 income, due to one of the circumstances described below, you qualify for a Special Circumstances Review. If your situation is not reflected in any of the conditions outlined below and you feel you may qualify for a Special Circumstances Review please contact the Financial Aid Office.

In order to have your special circumstances request reviewed, you must complete this form and submit all required documentation outlined below. You must complete Federal Verification of your 2016 income before a Special Circumstance Review can be performed. Please submit a 2018-19 Verification Worksheet and a copy of your 2016 Federal Tax Return Transcripts, if you did not use the IRS Data Retrieval Tool on your FAFSA. A Special Circumstance Review can take up to 4 weeks.

Please check the appropriate box

- I am an independent student and my family income, will be substantially less in 2018 than 2016.
- I am a dependent student and my parent's income will be substantially less in 2018 than 2016.

Please check the reason that best describes your situation and supply all the required documentation listed

_____ **UNEMPLOYMENT/UNDEREMPLOYMENT**- You, your spouse, or your parent who worked in 2016, has been unemployed for at least 4 weeks in 2017 or 2018, and will earn substantially less money in 2018 than 2016

Please supply:

- A typed statement that includes dates and explains the changes in your employment history
- Copy of final paystub containing 2018 year to date earnings, if you worked in 2018
- Documentation of any year to date benefits received in 2018 (unemployment, severance etc.)
- Termination letter (if received)
- Income verification for 2016 including but not limited to Federal Tax Return Transcript and W2 forms

_____ **SEPARATION/DIVORCE**- You or your parent became divorced or separated after the date you filed the FAFSA

Please supply:

- A typed statement that explains the changes in marital status and includes dates, child support and or spousal support to be received, and disposition of assets
- Proof of divorce or separate addresses
- Income verification for 2016 including but not limited to Federal Tax Return Transcript and W2 forms

_____ **DEATH**- Your spouse or parent, who had earnings in 2016, has passed away after the date you filed the FAFSA

Please supply:

- A typed statement with date of death and how it affected income
- Death certificate
- Documentation of any death benefits received such as life insurance and SSB
- Income verification for 2016 including but not limited to Federal Tax Return Transcript and W2 forms

_____ **DISABILITY**- You, your spouse, or parent will earn less in 2018 due to a disability

Please supply:

- A typed statement with date of disability explaining how it affected income
- Documentation of 2018 year to date earnings prior to disability
- Documentation of benefits received after disability was approved
- Income verification for 2016 including but not limited to Federal Tax Return Transcripts and W2 forms

_____ **ONE TIME INCOME**- You, your spouse, or your parent received a one-time income in 2016 that will not be received in 2018 and this income was used for “extraordinary expenses” due to a catastrophic financial event

Please supply:

- A typed statement and documentation explaining and proving what were your “extraordinary expenses”
- Documentation of one-time payment
- Income verification for 2016 including but not limited to Federal Tax Return Transcripts and W2 forms

_____ **LOSS OF TAXABLE OR UNTAXED BENEFIT**- You, your spouse, or your parent received a benefit in 2016 that they will no longer receive, or that was lost in 2018

Please supply:

- A typed statement with date of loss explaining how it affected income
- Documentation that benefit was terminated and documentation of benefit amount received in 2016
- Income verification for 2016 including but not limited to Federal Tax Return Transcripts and W2 forms

_____ **OUT OF POCKET MEDICAL EXPENSES**- You or your parent paid out medical bills in 2016 that were not covered by insurance

Please supply:

- A typed statement explaining how it affected income
- Schedule A of 2017 Federal Tax Return
- Income verification for 2016 including but not limited to Federal Tax Return Transcripts and W2 forms