



## 2016-2017 Financial Aid Special Circumstance Review

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Phone # \_\_\_\_\_

1. Whose income will be less in 2016 than in 2015? Please select - student  / spouse  / father  / mother   
 2. Please **select the appropriate reason**, enter **date of change** and **attach documents to support your calculation**.

For each item, refer to the back of the page for recommended documentation.

- |  | Month          | Day   | Year  |
|--|----------------|-------|-------|
| a. <input type="checkbox"/> Unemployment and receiving unemployment benefit on                 | _____          | _____ | _____ |
| b. <input type="checkbox"/> Divorce/separation   | _____          | _____ | _____ |
| c. <input type="checkbox"/> Death of spouse or parent  | _____          | _____ | _____ |
| d. <input type="checkbox"/> Disability of student, spouse, or parent                           | _____          | _____ | _____ |
| e. <input type="checkbox"/> One-time income and not available for educational expenses         | _____          | _____ | _____ |
| f. <input type="checkbox"/> <b>Loss of benefits</b> (Unemployment or disability benefit ended) | _____          | _____ | _____ |
| g. <input type="checkbox"/> Elementary/Secondary school expenses                               | Total \$ _____ |       |       |
| h. <input type="checkbox"/> Unreimbursed medical expenses                                      | Total \$ _____ |       |       |
| i. <input type="checkbox"/> Other  | _____          |       |       |

Explanation: \_\_\_\_\_

2016 projected Income	Income received from (Wages, Salaries, severance pay, disability, unemployment benefits, untaxed SS, Child support and other untaxed income...)	Student / Spouse	Parent(s)  Father / Mother
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
<b>Total Projected Income:</b>			

**All of the above information is true and complete to the best of my knowledge**

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Approved: \_\_\_\_\_ History correction: \_\_\_\_\_  
 Waived : \_\_\_\_\_ Still Not Eligible \_\_\_\_\_

Comments: \_\_\_\_\_

Date : \_\_\_\_\_ FAO Signature \_\_\_\_\_

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### Guidelines for Special Circumstances

	<b>Category</b>	<b>Condition</b>	<b>Documentation</b>
a.	<b>UNEMPLOYMENT OR REDUCTION OF WAGES</b>	Student, spouse or parent who earned money in 2015 has lost his/her job in 2016.  Student, spouse or parent who worked full time in 2015 is not working full time now.	The last paystub showing YTD earnings, letter of unemployment showing approval/denial of benefits, unemployment online screen print or 2016 tax return.  Pay stubs showing hours worked, pay rate, YTD earnings from all jobs held in 2016 or 2016 tax return.
b.	<b>SEPARATION OR DIVORCE</b>	Student or parents have separated or divorced in 2016	Copy of Divorce Decree, Separation agreement, proof of separate addresses, (i.e. rental contracts and/or utility bills)
c.	<b>DEATH</b>	Spouse or parent who worked in 2015 has died	Death certificate, proof of income generated by the deceased.
d.	<b>DISABILITY</b>	Student, spouse or parent has been unable to earn money in the usual way due to disability	Proof of disability, proof of YTD earnings, pay stubs of disability checks
e.	<b>ONE-TIME INCOME</b>	Student, spouse or parent received income in 2015 which cannot reasonably be expected to be received in 2016 and the funding is not available for educational expenses	Proof of the nonrecurring nature of the income such as gain from sale of home to purchase another, a 401K or IRA transfer or rollover, plus current status of the funds (deposited, spent, etc.).
f.	<b>LOSS OF TAXABLE OR UNTAXED BENEFITS</b>	Student, spouse or parent who received unemployment benefits or some untaxed income or benefit in 2015 have lost that income in 2016	Letter/notice from agency indicating benefits have been terminated. Unemployment online screen print.
g.	<b>ELEMENTARY/SECONDARY SCHOOL EXPENSE</b>	Student or parent is paying for elementary or secondary school tuition for your children or your siblings in 2016-17.	An itemized bill or copy of contract from school with <b>proof of payment</b> such as cancelled checks.
h.	<b>UNREIMBURSED MEDICAL EXPENSES</b>	Student or parent paid medical/dental bills not covered by insurance	Attach cancelled checks or receipts to a summarized list with dates and amounts.

Comments: