



SPECIAL CIRCUMSTANCES FOR STUDENTS

Student's Name _____ SS# _____ Phone _____

Address _____ City _____ State _____ Zip _____

Use this form to request a review of you aid eligibility due to extenuating circumstances not addressed on your 2015-2016 Free Application for Federal Student Aid (FAFSA). Changes resulting from this review do not guarantee an increase in aid. You must complete all questions on this form and provide all requested documentation. If required documentation is not attached or items are missing or left blank, this form will be returned to you unprocessed. If clarification of your situation is necessary, this office may request additional information or documentation beyond the requested items below.

The method used to determine a student's financial need is based on the applicant's 2014 income and assets. If, however, there has been a major change in your situation since filing the Free Application for Federal Student Aid (FAFSA) or Renewal Application, or you have special circumstances that were not taken into consideration on the federal application, you (the student) should use this form to inform our office of the change or special circumstances.

Please check the category, which applies to you (the student). Supply the indicated information and complete the reverse side of this form. Return this form with appropriate documentation to address above.

Section One: Conditions Related To Student's Income (A-H)

Extraordinary Expenses (I-J)

- A. My student income for 2014 includes an income that is typically received only once, and my 2014 income is not reflective of the income I expect to receive in 2015. Examples of a one-time income are (capital gains from sales of assets, prize winnings, and pension payoff). Please provide documentation of this one-time income.
B. My student income in 2014 does not represent my expected 2015 due to health problems that prevent or reduce my ability to work. Please provide documentation from your doctor. Also, complete Section 3.
C. My 2014 income as reported on the FAFSA will not be reflected of the income that I expect to receive in 2015 due to the fact that I have lost my job and have been unemployed for at least ten (10) weeks. Please list dates of unemployment: from ___/___/___ to ___/___/___. Also, complete Section 3.
D. My specific program requirements or academic requirements limit or reduce my ability to work during the 2015-2016 academic year. Please list your program and attach supporting documentation from your academic advisor. Also, complete Selections 2 and 3.
E. All or portion of my student contribution from 2014 income was derived from a non-taxable income (SSB, TANF, etc.) which, has been substantially reduced or eliminated. Also complete Section 3.
F. My spouse earned money in 2014 that was reported on my 2015-2016 FAFSA, and has been unemployed for at least ten (10) weeks in 2015. Please provide dates of spouse's unemployment: from ___/___/___ to ___/___/___. Also, complete Section 3.
G. I submitted my FAFSA and, since that time, my spouse and I have divorced or separated. Please provide dates of divorce or separation: ___/___/___. Also, complete Sections 2 and 3.
H. I submitted my FAFSA and, since that time, my spouse has died. Please provide date of spouse's death: Also, complete Section 2 and 3.
I. I have another circumstance that affects the income I reported for 2014 that is not listed here, which I can substantially document. The circumstances cannot be due to voluntary lifestyle choices or educational options not part of my academic program. An example would include substantial changes in pay rates, which resulted from non-voluntary changes in employment. Please attach a typed statement outlining your situation and all pertinent documentation. Also, complete Section 3.
J. I have circumstances that I wish considered that do not relate to any of the above choices. Please provide a detailed explanation, with appropriate supporting documentation.

2015-2016
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SECTION TWO

For circumstances **G** and **H** on reverse side, if you (the student) have children, how many children will remain in your household for the 2015-2016 school year? _____

CHILDREN'S NAMES	AGES	CHILDREN'S NAMES	AGES
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

SECTION THREE

For items **B** through **I** on the reverse side, please answer the following questions about your and, your spouse's expected 2015 income (if you are single, divorced, not remarried, separated or widowed, provide YOUR income information only). Your estimates need to be as accurate as possible or there will be an adverse effect on your appeals.

Please complete all questions on this form and provide all requested documentation. If required documentation is not attached or items are missing or left blank, this form will be returned to you unprocessed. **Do not leave any section blank; write "0" if income type does not apply.**

Please provide/attach proof of any income listed.

	COLUMN A Gross Income Received From 1/1/2015 To Present	COLUMN B Estimated Gross Income Expected till 12/31/2015	OFFICE USE ONLY Do not write in this area
1. Student's wages, salaries, tips	\$	\$	\$ STU WRK
2. Spouse's wages, salaries, tips	\$	\$	\$ SPO WRK
3. Interest or Dividend Income	\$	\$	\$ OTX INC
4. Unemployment Compensation	\$	\$	\$ OTX INC
5. Worker's Compensation	\$	\$	\$ OTX INC
6. Alimony	\$	\$	\$ OTX INC
7. Child Support (received)	\$	\$	\$ Child Sup
8. Social Security Benefits	\$	\$	\$ SS
9. Welfare, TANF Benefits	\$	\$	\$ TANF
10. Other Income (specify source)	\$	\$	\$ UTX/OTX
a. Deductible IRA and Keogh Payments	\$	\$	AGI \$ _____ Standard Deduction - \$ _____ # of Exemptions _____ X _____ - \$ _____
b. Earned Income Credit	\$	\$	
c. Veteran's Non-Educational Payments	\$	\$	
d. other	\$	\$	
Certification Statement: I certify that all of the above information is correct to the best of my knowledge. I understand that if I purposely give false or misleading information, I may be fined \$10,000, sent to prison, or both; further, providing false or misleading information may result in the cancellation or repayment of all or part of my financial aid.			Net Taxable Income = \$ _____ Est. Tax = \$ _____ Approved __ Denied __ FAA _____ Date _____
X _____ Parent Signature	SS#	Date	
X _____ Student Signature	SS#	Date	