



Instruction Sheet only

In order that a Special Circumstance may be reviewed for approval or denial, sufficient documentation of your mitigating circumstance, must be provided. Here are a few examples of mitigating circumstance and the appropriate documentation needed:

- For a request to review due to death of spouse or parent:
 - o Attach copy of death certificate
- For a request to review due to divorce/separation:
 - o Attach copy of divorce decree or legal documentation regarding legal separation
- For a request to review due to loss of employment or reduced income/benefits:
 - o Attach proof of termination from previous employer
 - o Attach copy of final pay stub from previous employer
 - o Attach most recent pay stub for current employment
 - o Attach documentation of unemployment benefits
- For a request to review due to extensive medical expenses:
 - o Attach medical billing statements indicating actual paid out of pocket (not covered by insurance nor the outstanding balance)
 - o Attach canceled checks verifying out of pocket payments.
- Other (please indicate documentation provided to support your request):
 - o _____
 - o _____
 - o _____
 - o _____

Special Circumstance forms should not be submitted if student EFC (determined by FAFSA) is currently 0.

Regulations require that in order for a Special Circumstance request to be reviewed, the file must first be verified. Therefore, if your file was not originally selected for verification and you now wish to file a Special Circumstance request due to mitigating circumstances, you must first provide the documentation required for verification. (Student and/or parent 2015 IRS Tax Return Transcript(s) (www.irs.gov), Verification worksheet, etc...) Please see your assigned financial aid counselor in regard to what documentation should be provided.

**Remember-complete documentation must be attached to the request or the request will be denied.*



SPECIAL CIRCUMSTANCES 2016-2017

<input type="checkbox"/>	Approved _____
<input type="checkbox"/>	Denied _____
Date: _____	

Read carefully

INSTRUCTIONS: According to federal laws and regulations, a family's 2015 income is used to assess financial need for the 2016-2017 school year. If a family's 2016 income is lower due to special circumstances, a financial aid administrator may be able to use the projected 2016 income to assess financial need. Please provide information regarding your reduction in income by completing this form. **Supporting documentation MUST be attached** to verify your special circumstance (e.g., expense statements, receipts, employer statement, recent pay stubs with year to date earnings, etc.)

Failure to provide documentation will result in an immediate denial.

I am applying for special circumstance for **(circle one)**

Student

Parent

Please Print Clearly

Student's Name _____ WBU ID or SSN _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Spouse's/Parent's Name _____

Did you file a Special Circumstance during the 15-16 year? **(Circle one)** Yes No

Please print clearly. Provide a brief statement explaining your extenuating circumstance (attach additional sheet(s) if necessary).

Current asset information:

Current amount of cash, savings, and checking (not including any past financial aid): \$ _____
Current value of your real estate/investments (other than home): \$ _____
Current debt on your real estate/investments (other than home): \$ _____
Current value of your farm/business: \$ _____
Current debt on your farm/business: \$ _____
Do you materially participate in the operation of the farm? **(Circle one)** Yes No

Household information: Please include ALL members living in the household, including the student.

	Name	Relationship to Student/Parent	Name of College
1.	_____	Student _____	Wayland Baptist University
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

If you are documenting a loss of employment or income, indicate the effective date of loss: ____/____/____

ESTIMATED INCOME FROM January 1, 2016 TO December 31, 2016 Attach current year to date documentation	ACTUAL EARNED 01-01-16 to Today +	ESTIMATED Today to 12-31-16 =	TOTAL ACTUAL PLUS ESTIMATED
Expected gross income earned from work (wages, salaries, tips, net business/farm income) for you/your father.	\$	\$	\$ +
Expected gross income earned from work (wages, salaries, tips, net business/farm income) for your spouse/your mother.	\$	\$	\$ +
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.) SOURCE: _____ (name of source)	\$	\$	\$ +
Social Security Benefits	\$	\$	\$ +
TANF/Aid to Families with Dependent Children	\$	\$	\$ +
Child support to be received (for all children) during 2015	\$	\$	\$ +
Other untaxed income (earned income credit, welfare benefits, workers comp, payments to IRA/Keogh, etc.) SOURCE: VA Benefits, Disability, etc.	\$	\$	\$ +
Housing, food, and other living allowance paid to member of the military (BAS), clergy and other (including cash payment and cash value of benefits)	\$	\$	\$ +
Out of pocket medical expenses paid or expected to be paid less insurance for 2015 (attach an itemized list)	\$	\$	\$ -
Child Support to be paid during 2016	\$	\$	\$ -
Total income for 2016	\$	\$	\$

CERTIFICATION: I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form and **I also realize that if I do not provide documentation, this application will automatically be denied.**

Student Signature _____ Date _____

Spouse Signature _____ Date _____

Parent Signature _____ Date _____

Office use only:

Action Taken: _____	Current EFC: _____	PJ EFC: _____
Date _____	Signature _____	
Comments: _____		

