

Special Circumstance Form

2016-2017

Independent Student

Financial Aid Office - 2001 S. Summit Ave - Augustana University, Sioux Falls, South Dakota 57197

fax: 605-274-5295
financial.aid@augie.edu

Student name

Student ID

Address

Telephone no.

City, State, Zip Code

If you have unusual circumstances, complete this form and submit it with the required documentation to the Augustana University Financial Aid Office.

Documentation required: Preferred documentation is to use the FAFSA-IRS tax data retrieval process.

If not eligible for the FAFSA-IRS tax data retrieval process, provide your (and, if applicable, spouse's) 2015 Federal Tax Return Transcript.

To receive a free copy of your IRS Tax Return Transcript, call the IRS toll-free 1.800.908.9946 and follow the message prompts, or, contact your local IRS Office.

Note: Federal 1040, 1040A, 1040EZ tax forms are not normally acceptable. Contact the Financial Aid Office.

If not required to file taxes for 2015, W-2 forms must be provided to document income earned from work.

Additional documentation may be required; please review each section of this form.

Examples of unusual circumstances (check all that apply to your situation):

☐ Tuition expenses at an elementary or secondary school – complete Section 1.

Adult care expenses – complete Section 1.

☐ Unusual medical or dental expenses not covered by insurance (*) – complete Section 2.

☐ Unusual Debts – complete Section 3.

☐ Income reduction or nonrecurring income – complete Section 4.

* Unusual Medical/Dental Expenses

A percentage of family medical/dental expenses are taken into consideration by the federal needs analysis formula ☐

when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 5% of the AGI will be considered an unusual circumstance.

Complete all sections that may apply to your family's special circumstance.

Section 1. Tuition expenses at an elementary or secondary school and Adult Care expenses for household members

Documentation required: Provide your/spouse's 2015 Federal Tax Return Transcript. Request your free IRS Tax Return Transcript by calling the IRS toll-free 1.800.908.9946 and follow the message prompts, or, contact your local IRS Office.

► Statement of elementary and/or high school tuition paid for dependents or receipts for tuition payments; and, if applicable, signed statement of payment total or itemized receipts for adult/elder care.

1. Did you/spouse pay for elementary and/or high school tuition OR for adult care expenses in 2015 or 2016? circle one..... YES NO

2. If "YES", provide the following information for each family member whom you included in your family size on your FAFSA application:
(if more space required, attach separate paper)

Name of family member(s) _____ Age(s) _____

Elementary/secondary education expense for 2015 \$ _____ Total amount to be paid in 2016 \$ _____

3. Adult care expense for 2015 \$ _____ Total amount to be paid in 2016 \$ _____

Section 2. Unusual Medical/Dental Expenses

Documentation required: Provide your/spouse's 2015 Federal Tax Return Transcript. Request your free IRS Tax Return Transcript by calling the IRS toll-free 1.800.908.9946 and follow the message prompts, or, contact your local IRS Office. If you/spouse did not itemize medical/dental expenses, provide a statement (or synopsis of receipts) of medical/dental out-of-pocket payments made in 2015; it is not required to submit a copy of each medical out-of-pocket receipt.

1. How much did you/spouse pay for medical and/or dental expenses not reimbursed by insurance in 2015? \$ _____

2. How much did you/spouse pay for medical and/or dental insurance premiums in 2015?

Do NOT include pre-tax insurance premium amount paid (typically deducted pre-tax thru employment). \$ _____

Section 3. Unusual Debts

Documentation required: Provide your/spouse's 2015 Federal Tax Return Transcript. Request your free IRS Tax Return Transcript by calling the IRS toll-free 1.800.908.9946 and follow the message prompts, or, contact your local IRS Office.

► Provide billing statement, payment summary or receipts from agency, company, or person to whom payments are being made.

1. Do you/spouse have unusual debts or loans on which you/spouse are currently making monthly payments? circle one..... YES NO

(For example: education loan payments for you/spouse; PLUS payments for dependents; legal fees for divorce, adoption; court mandated payments; etc.)

2. If "YES", provide the following information (if more space required, attach separate paper):

Type or cause of debt _____

Owed by whom? _____

Monthly payment \$ _____ Total amount paid in 2015 _____ Total amount to be paid in 2016 \$ _____

Section 4. Income/Resource Reduction or Nonrecurring Income/Resource

Documentation required: ► Your/spouse 2015 Federal Tax Return Transcript is required. Request your free IRS Tax Return Transcript by calling the IRS toll-free 1.800.908.9946 and follow the message prompts, or, contact your local IRS Office.

1. Will your (and/or your spouse's) income and/or resources be significantly less in 2016 than 2015? circle one..... **YES** **NO**

2. If you answered "YES", check the appropriate reason below and explain, giving the date of the change in your family situation:

Date of occurrence _____

- ☐ a. Unemployment or change in employment; do not submit worksheet and documentation prior to August 1, 2016 **unless** you/spouse is currently re-employed and/or reduced income/resource information is known as of today's date.

Documentation: Provide documentation of last day worked or copy of notification from employer stating change in employment/termination; copy of final payroll statement; copy of most recent payroll statement from new employment; etc.

- ☐ b. Divorce/separation -- **provide only your income/resource information**

Documentation: Attach copy of separation/divorce decree or a signed statement regarding the separation/divorce effective date **and** a copy of your 2015 W-2 forms. When completing Section 4 (below), provide only your estimated 2016 income/resource information.

- ☐ c. Death of spouse -- **provide only your income/resource information**

Documentation: Attach signed letter noting date of death and copy of your 2015 W-2 forms. When completing Section 4 (below), provide only your estimated 2016 income/resource information.

- ☐ d. Loss of child support

Documentation: Attach a letter or court document stating termination of benefits, effective date. When completing Section 4 (below), indicate the reduced 2016 child support when reporting income/resources in Section 4, question 3.

- ☐ e. One-time income (e.g., inheritance, moving expense allowance, non-recurring capital gain, Roth IRA, etc.)

Documentation: Identify the source of income/resource, the amount, and how the funds were spent or invested.

Provide 2015 Federal Tax Return Transcript; highlight/identify one-time income.

- ☐ f. Disability of student or spouse

- ☐ g. Other _____

Documentation for (f), (g): signed statements documenting estimated 2016 income/resources. Include copy of most recent payroll statement, etc. Provide adequate documentation to assist in a fair review of your family's special circumstance.

3. Provide the following estimated 2016 income/resource information; if estimated 2016 income will be approximately the same as in 2015, indicate "same". Include all applicable estimated 2016 taxable and untaxed income/resources. **Do not leave blank.**

Include actual amount earned/received January 1, 2016 to present date, plus estimated amount to be earned/received present date thru December 31, 2016.

	Estimated Income Student	Estimated Income Spouse
<u>Estimated 2016 TAXABLE Income</u>		
Wages, salaries, tips	\$ _____	\$ _____
Net income/loss from business/farm	\$ _____	\$ _____
Other taxable income (interest/dividend, capital gains, unemployment, alimony, taxable disability payments, severance pay, etc.)	\$ _____	\$ _____
Total estimated 2016 TAXABLE Income.....	\$ _____	\$ _____
<u>Estimated 2016 UNTAXED Income</u> - refer to FAFSA #45 a. thru j.		
Child support	\$ _____	\$ _____
Untaxed housing, food and other living allowances paid to military, clergy, others	\$ _____	\$ _____
Untaxed portion of pensions, Veterans benefits, etc. ...do NOT include Social Security or SSI	\$ _____	\$ _____
Tax deferred elective payments to 401K, 403B, untaxed elective contributions to SEP/SIMPLE, IRA/Keogh	\$ _____	\$ _____
Other untaxed income ...do NOT include untaxed Social Security or SSI	\$ _____	\$ _____
Total estimated 2016 UNTAXED Income.....	\$ _____	\$ _____

CERTIFICATION: We certify that the information provided on this worksheet and any attached documentation is true and complete to the best of my knowledge.

Student signature _____

Date _____

Student signature required on this worksheet prior to review by the Augustana University Financial Aid Office.