



# SPECIAL CIRCUMSTANCE FORM 2016 - 2017

STUDENT'S NAME: \_\_\_\_\_ ID: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**INSTRUCTIONS AND INFORMATION:**

This form should be used if your family's financial situation has changed since you filed the 2016-2017 Free Application for Federal Student Aid (FAFSA). Please review the sections below and complete those that apply to your situation. Please submit any requested documentation with this form. Upon review of your submitted appeal, we may request additional information regarding your situation.

**PLEASE NOTE THAT THE FOLLOWING CIRCUMSTANCES ARE NOT "SPECIAL" AND WILL NOT BE CONSIDERED.**

- |  |                                    |                                   |
|--|------------------------------------|-----------------------------------|
| • Loss of Overtime or Bonus Earnings         | • Home Repair/Remodeling/Additions | • Credit Card Debt                |
| • Withdrawal from Pension/Retirement Account | • Child or Dependent Care Expenses | • Secondary Domicile              |
| • Loss of Income/Work to Attend College      | • Early Retirement                 | • Private School Tuition          |
| • Sale of Property/Assets/Business           | • Bankruptcy                       | • Inheritance or Lottery Winnings |

**YOUR FINANCIAL AID ELIGIBILITY WILL BE REEVALUATED WHEN ALL REQUIRED AND REQUESTED DOCUMENTATION IS RECEIVED.** Please note, the accuracy of the original information provided on the FAFSA will be verified before any adjustments are considered. Submission of this special circumstance appeal form may or may not result in an increase in your financial aid eligibility. We will notify you via mail upon completion of our review.

**PLEASE ALLOW UP TO EIGHT WEEKS FOR YOUR CIRCUMSTANCE TO BE REVIEWED.**

SPECIAL CIRCUMSTANCE	DEFINITION OF SPECIAL CIRCUMSTANCE	REQUIRED DOCUMENTATION <i>from both parent(s) AND student (and spouse's, if married):</i>
<input type="checkbox"/> <b>LOSS OF EMPLOYMENT</b>	Your parents and/or your (and spouse's, if married) income earned in 2016 will be substantially less (20% or more) than that earned in 2015. Also, must be due to an <b>INVOLUNTARY</b> reason (layoff, termination, or plant closing) for a minimum of 11 weeks.	<ul style="list-style-type: none"> <li>Detailed letter of explanation regarding the special circumstance.</li> <li>Student &amp; Parent Tax Filing Status Verification Form.</li> <li>Dependent/Independent Household Verification Form.</li> <li>Update your 2016-2017 FAFSA using the IRS Data Retrieval Tool for you, your spouse (if married), and/or your parents.</li> <li>Copy of 2015 W-2 Statements.</li> <li><b>Signed</b> letter from employer on company letterhead verifying separation from employment. The letter must include reason, effective date of separation, and any bonus or severance paid due to separation.</li> <li>Copy of Determination of Unemployment Benefits from the Department of Job &amp; Family Services verifying weekly benefit amount and date benefit began. If you are not receiving unemployment compensation, please indicate the reason in the letter of explanation.</li> <li>Copy of both parent(s) and student's (or spouse's, if married) most recent paycheck stubs from all employers for 2016.</li> </ul>
<input type="checkbox"/> <b>REDUCTION OF EARNINGS</b>	Your parents and/or your (and spouse's, if married) income earned in 2016 will be substantially less (20% or more) than that earned in 2015 due to an <b>INVOLUNTARY</b> reduction in hours and or pay rate for a minimum of 11 weeks.	<ul style="list-style-type: none"> <li>Detailed letter of explanation regarding the special circumstance.</li> <li>Student &amp; Parent Tax Filing Status Verification Form.</li> <li>Dependent/Independent Household Verification Form.</li> <li>Update your 2016-2017 FAFSA using the IRS Data Retrieval Tool for you, your spouse (if married), and/or your parents.</li> <li>Copy of 2015 W-2 Statements.</li> <li><b>Signed</b> letter from employer on company letterhead verifying reduction in hours and or pay rate. The letter must include reason for reduction, the number of hours now being worked per week, the pay rate, and the effective date of reduction.</li> <li>Copy of both parent(s) and student's (or spouse's, if married) most recent paycheck stubs from all employers for 2016.</li> </ul>
<input type="checkbox"/> <b>TERMINATION OR REDUCTION OF BENEFITS</b>	Your parents and/or you (and spouse, if married) received benefits in 2015 which have ceased or been reduced in 2016.  <i>Check one:</i> <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> Alimony	<ul style="list-style-type: none"> <li>Detailed letter of explanation regarding the special circumstance.</li> <li>Student &amp; Parent Tax Filing Status Verification Form.</li> <li>Dependent/Independent Household Verification Form.</li> <li>Update your 2016-2017 FAFSA using the IRS Data Retrieval Tool for you, your spouse (if married), and/or your parents.</li> <li>Copy of 2015 W-2 Statements.</li> <li>Copy of 2015 (01/01/2015 - 12/31/2015) Benefit Statement verifying total amount received.</li> <li>Copy of 2016 (01/01/2016 - present) Benefit Statement verifying termination of benefit and effective date or verifying updated amount and effective date.</li> </ul>

SPECIAL CIRCUMSTANCE	DEFINITION OF SPECIAL CIRCUMSTANCE	REQUIRED DOCUMENTATION <i>from both parent(s) AND student (and spouse's, if married):</i>
<input type="checkbox"/> <b>DISABILITY</b>	Your parents and/or you (and spouse, if married) were <b>RECENTLY</b> classified as disabled and unable to work.	<ul style="list-style-type: none"> <li>• Detailed letter of explanation regarding the special circumstance.</li> <li>• Student &amp; Parent Tax Filing Status Verification Form.</li> <li>• Dependent/Independent Household Verification Form.</li> <li>• Update your 2016-2017 FAFSA using the IRS Data Retrieval Tool for you, your spouse (if married), and/or your parents.</li> <li>• Copy of 2015 W-2 Statements.</li> <li>• Copy of original documentation from physician verifying circumstances, extent of disability, and expected date of return to employment.</li> <li>• Copy of parent(s) or student's (and spouse, if married) most recent paycheck stubs from all employers for 2016.</li> <li>• Copy of 2016 (01/01/2016 - present) Benefit Statement(s) verifying all forms of disability income.</li> </ul>
<input type="checkbox"/> <b>DIVORCE OR LEGAL SEPARATION</b>	Your parents or you and your spouse divorced or legally separated <b>AFTER</b> filing the FAFSA, but no later than 12/31/2016.	<ul style="list-style-type: none"> <li>• Detailed letter of explanation regarding the special circumstance. Be sure to indicate the change in household size and any child support or spousal support payment agreements.</li> <li>• Student &amp; Parent Tax Filing Status Verification Form.</li> <li>• Dependent/Independent Household Verification Form.</li> <li>• Update your 2016-2017 FAFSA using the IRS Data Retrieval Tool for you, your spouse (if married), and/or your parents.</li> <li>• Copy of 2015 W-2 Statements.</li> <li>• Copy of both parent(s) and/or student's most recent paycheck stubs from all employers for 2016.</li> <li>• Copy of Divorce Decree or Legal Separation Agreement filed with the court</li> <li>• Proof of separate residences.</li> </ul>
<input type="checkbox"/> <b>DEATH OF PARENT OR SPOUSE</b>	Your parent or spouse died <b>AFTER</b> filing the FAFSA, but no later than 12/31/2016.	<ul style="list-style-type: none"> <li>• Detailed letter of explanation regarding the special circumstance.</li> <li>• Student &amp; Parent Tax Filing Status Verification Form.</li> <li>• Dependent/Independent Household Verification Form.</li> <li>• Update your 2016-2017 FAFSA using the IRS Data Retrieval Tool for you, your spouse (if married), and/or your parents.</li> <li>• Copy of 2015 W-2 Statements.</li> <li>• Copy of both parent(s) and/or student's most recent paycheck stubs from all employers for 2016.</li> <li>• Copy of Death Certificate.</li> </ul>
<input type="checkbox"/> <b>MEDICAL/DENTAL EXPENSES</b>	Your parents and/or you (and spouse, if married) paid unusually large (12% or more of your 2015 adjusted gross income) <b>out-of-pocket</b> medical or dental expenses in 2015 that were not covered by insurance and/or not itemized on your parents or your (and spouse's, if married) 2015 Federal Income Tax Return. <b>Pending insurance claims, insurance premiums, or expenses covered by insurance will not be considered.</b>	<ul style="list-style-type: none"> <li>• Detailed letter of explanation regarding the special circumstance.</li> <li>• Student &amp; Parent Tax Filing Status Verification Form.</li> <li>• Dependent/Independent Household Verification Form.</li> <li>• Update your 2016-2017 FAFSA using the IRS Data Retrieval Tool for you, your spouse (if married), and/or your parents.</li> <li>• Copy of 2015 W-2 Statements.</li> <li>• Copies of insurance claims for 2015 showing amount claimed, amount covered by insurance, and amount that patient must pay.</li> <li>• Copies of paid receipts from medical or dental facility verifying payments paid out-of-pocket in 2015.</li> </ul>

**CERTIFICATION:**

I certify that the information provided by me or my family member is true and complete to the best of my knowledge. I understand this request may require further documentation and is subject to the professional judgment of the Wilmington College Student One Stop Center staff. Any decision is final and applies only to Wilmington College. I understand that if I purposely give false or misleading information, I will be fined \$20,000, sent to prison, or both.

STUDENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE (if married): \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Please return this completed form and documentation to:

**WILMINGTON COLLEGE**  
**PYLE CENTER BOX 1184 • 1870 QUAKER WAY**  
**WILMINGTON, OH 45177**  
**Fx: 937.383-8564 • SOS@WILMINGTON.EDU**