



## SPECIAL CIRCUMSTANCES - 2008-2009

INSTRUCTIONS: According to federal laws and regulations, a family's 2007 income is used to assess financial need for the 2008-2009 school year. If a family's 2008 income is lower due to special circumstances, a financial aid administrator may be able to use the 2008 income to assess financial need. Please provide information regarding your reduction in income by completing this form.

STUDENT'S NAME \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

STUDENT E-MAIL ADDRESS \_\_\_\_\_

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PARENT'S ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

*A. Please indicate the reason for your parent(s) change in income. Mark all that apply and attach the required documentation.*

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### LOSS OF INCOME FROM WORK

- Unemployment from \_\_\_\_\_ to \_\_\_\_\_
- LAYOFF. Provide a letter from employer stating effective date anticipated return.
- TERMINATION. Provide a letter from employer stating effective date. If this is not available, provide documentation from local unemployment office.
- DISABILITY. Date of disability (mm/dd/yy) \_\_\_\_\_. Attach documentation of the disability.

### LOSS OF UNTAXED INCOME

- SOCIAL SECURITY. Provide Social Security Administration notification of termination of benefit.
- CHILD SUPPORT. Provide a letter or court document stating termination of benefits.
- WORKER'S COMPENSATION. Provide a letter from Bureau of Worker's Compensation stating termination of benefits.

**OTHER CIRCUMSTANCES**

- DIVORCE. Since applying for financial aid, you have become divorced. Date of divorce\_\_\_\_\_ Give only your information when completing sections A, B, C, and D on page 3. Attach a copy of the divorce decree and your 2007 W-2 form(s).
- SEPARATION. Since applying for financial aid, you have become separated. Date of separation \_\_\_\_\_. Current address of spouse\_\_\_\_\_ At tach a copy of the separation agreement and your 2007 W-2 form(s).
- DEPENDENCY OVERRIDE. After applying for financial aid, the student has become independent for financial aid purposes. Cases must be documented and must be limited to abuse, abandonment or neglect. Student must provide documentation from themselves and a third party certifying the situation.
- ONE-TIME INCOME (i.e. inheritance, moving expense allowance, back year Social Security payments, or lump sum retirement or IRA distribution.) You must attach a separate sheet that identifies source of income and how funds were spent or invested.
- MEDICAL OR DENTAL EXPENSES. You have paid medical or dental expenses for the 2007 calendar year that are not covered by insurance and these expenses exceed 10% of your total income. Provide a copy of Schedule A or 2007 Federal tax returns.
- ELEMENTARY AND SECONDARY EDUCATION PAID. You have paid for elementary, junior high, and/or high school tuition in the 2007 calendar year for dependents in your family. (Not to exceed \$4000 per child). Provide a letter from school stating amount of tuition paid in the 2007 calendar year.

*B. Estimate all income you expect to receive through December 31, 2008. YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.*

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Expected 2008 income earned from work by father (wages, salaries, tips, net business/farm income) \$\_\_\_\_\_

Expected 2008 income earned from work by mother (wages, salaries, tips, net business/farm income) \$\_\_\_\_\_

Expected 2008 income earned from work by student (wages, salaries, tips, net business/farm income) \$\_\_\_\_\_

Social Security Benefits \$\_\_\_\_\_

Child Support Received \$\_\_\_\_\_

TOTAL INCOME FOR 2008 \$\_\_\_\_\_

**C. 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 if asked by the Office of Financial Aid. I also realize that if I do not provide proof when asked, the student will not receive special circumstances consideration.*

\_\_\_\_\_  
STUDENT'S SIGNATURE DATE

\_\_\_\_\_  
PARENT'S SIGNATURE DATE

**FOR OFFICE USE ONLY**

Prior year special circumstances __yes __no	Old EFC _____	New EFC _____
<input type="checkbox"/> Not Eligible for special circumstances		
<input type="checkbox"/> Special circumstance denied		
<input type="checkbox"/> Special circumstance approved		
Comments: _____		
Administrator: _____	Date: _____	