



**Special Circumstances Form for 2020-2021
Based on 2019 Income Documentation**

Student Name		Parent 1 Name	
Student ID		Parent 2 Name	
Student Cell Phone		Parent Contact Number	
Student E-mail		Parent E-Mail	

This form is used whenever a family has experienced a negative change in financial circumstances. We'd like to use the most accurate information in evaluating the student's eligibility for need-based financial aid. To do that, we need additional information.

Please complete this form if you or your parent(s) experienced a recent situation such as the following: loss of job or benefits, death of a spouse or parent, disability of a spouse or parent, or divorce.

- For dependent students, please complete the student, father and mother's sections.
- For independent students, please complete the student and, if married, the spouse section.

Briefly tell us what your change is and when it happened. In addition, provide proof of your situation. Examples include: retirement or termination notice, memo/letter from employer regarding change or reduction in employment, physician's disability statement, lawyer's statement regarding separation, court statements regarding divorce or termination of child support, social security benefit termination notice.

Briefly tell us what other financial problems (other than loss of income) this change has caused. For example, many people have additional medical costs when they lose their employer's health benefits. Please be specific as to monthly costs (i.e. **what you pay out of pocket on these costs not what you owe.**)

If you have any other comments, questions, or concerns, please explain on an attached sheet of paper. Please be specific. The more quantitative information we have, the better we are able to help you.

Please provide income for the entire calendar year 2019 on the grid on the next page. Do not put hourly wage rates but instead compute what will be earned for the year. List the actual income that you received. **DO NOT LEAVE ANY BLANKS. PLEASE ENTER ZERO IF THE AMOUNT IS ZERO.** Be sure to include all sources of income you or your parents or, if independent, you and/or your spouse received in 2019. Attach all required documentations. **We cannot process your request until you submit ALL required documents.**

	FATHER/SPOUSE	MOTHER	STUDENT
	ACTUAL 01/01/2019 to 12/31/2019	ACTUAL 01/01/19 to 12/31/2019	ACTUAL 01/01/19 to 12/31/2019
1	Income for work	\$	\$
2	Severance package	\$	\$
3	Paid Accrued vacation/sick time	\$	\$
4	Taxable interest income	\$	\$
5	Pensions/IRA Distribution	\$	\$
6	Unemployment Compensation	\$	\$
7	Taxable portions of Social Security	\$	\$
8	Alimony/Spousal Support	\$	\$
9	529 or other college savings plan	\$	\$
10	Welfare benefits or AFDC	\$	\$
11	Life Insurance		
12	Untaxed portions of Social Security	\$	\$
13	Untaxed pensions/annuities	\$	\$
14	Child support received	\$	\$
15	Worker's Compensation	\$	\$
16	Untaxed interest income	\$	\$
17	Other _____	\$	\$
	Office Use Only		

The following documentation must be submitted to support the amounts indicated above.

- | | |
|---|--|
| 1) 2019 W2 (s); 2019 federal 1040 (all pages and schedules) when available. Be sure tax return is signed/dated. | 9) As requested. |
| 2) Employer statement of severance benefits | 10) Statement of benefits and how paid (weekly, biweekly, etc) |
| 3) Employer documentation of paid accrued vacation/sick time | 11) - 17) As requested |
| 4) As requested. | |
| 5) Benefit Statement for Pension/Annuity/IRA Distribution | |
| 6) Statement of Unemployment compensation (be sure to indicate weekly amount to be received and the length of eligibility.) | |
| 7) Statement of Social Security benefits (all family members) | |
| 8) As requested. | |

In addition to the applicant, all others whose data is included on this form must sign the appropriate line. Failure to provide the appropriate signatures will prevent processing of the form.

Student's Signature: _____ Date: _____
(actual signature required)

Father's (or student's Spouse) Signature: _____ Date: _____
(actual signature required)

Mother's Signature: _____ Date: _____
(actual signature required)