



Unusual (Change of) Circumstances Application – Student 2016-2017

Student's Name: _____ ID#: _____

Phone: _____ E-mail: _____

This supplemental form is used to request a review of special circumstances **not** represented on your FAFSA application. Review will begin when the completed form and supporting documentation is received. This request will not be reviewed until your financial aid is processed. Failure to provide documentation will result in delays and possible denial of your request for review.

Check the circumstance below that best describes the change in your or your spouse's financial situation. Documentation must be attached to verify request.

Loss of Work Income: **Provide employer/agency letter stating effective dates of event and loss of benefits.*

1. _____ *Layoff, Plant Closing, or Termination
2. _____ Disability Date of disability _____
3. _____ *Quit job or Reduced Hours
4. _____ Other (Provide appropriate verification documents)

Loss of Taxable Income: **Provide employer/agency letter stating effective dates.*

1. _____ *Unemployment
2. _____ Other (Provide appropriate verification documents)

Loss of Untaxed Income: **Provide employer/agency letter stating effective dates.*

1. _____ *Worker's Compensation, Child Support, etc.
2. _____ Other (Provide appropriate verification documents)
4. _____ Separation/Divorce (Need divorce decree or notarized statement
Showing date of separation)
5. _____ Death of Spouse (Copy of Death Certificate)

Other Unusual Circumstances: *Provide appropriate verification documents*

1. _____ Dislocated Worker
2. _____ Tuition paid for Elementary, Middle, or High School in 2015 for Dependents
3. _____ Excessive Medical/Dental Expenses (not covered by insurance, but already paid by student)

Provide Your Expected Income for 2016.

Student's Expected Income	_____
Spouse's Expected Income	_____
Unemployment Benefits	_____
Any Taxable Income (interest, dividends, rents, ...)	_____
Student's Estimated Total Income	\$ _____
Student's Estimated Untaxed Income:	
Child Support	_____
Workman's Compensation	_____
Untaxed Pensions, Social Security, etc.	_____
Student's Estimated Total Untaxed Income/Benefits	\$ _____

Please note according to the Department of Education, unusual circumstances do not include:

- Reduction of income based on bankruptcy
- Tuition paid for elementary/secondary private school
- Reduction of income due to loss of overtime pay
- Families with reductions processed in 2015-16 that grossly underestimated 2015 income
- Medical expenses other than those claimed as a deduction on your 2015 tax returns
- Unusual expenses related to personal living and consumer item expenses

2016-2017
SUMMARY OF STUDENT SPECIAL CIRCUMSTANCES

Please summarize your special circumstance below. If additional space is needed, please attach a letter or use the back of this form.

CERTIFICATION:

All of the information on this form is true and correct to the best of my/our knowledge. If asked by an authorized official, I/we agree to provide additional proof of the information that is given. I/We understand that a copy of my/our 2015 IRS tax transcript and 2016-2017 Verification Worksheet must be attached to this form, if not already provided. I/we further understand if proof is not given when asked, processing of the application will cease.

My signature below certifies that the information provided above is true. I agree to provide proof of the information if requested. I understand that the penalty for providing false or misleading information is a \$10,000 fine, a prison sentence, or both.

Student's Signature

Date