2016 – 2017 REQUEST FOR SPECIAL CIRCUMSTANCES

When filing the FAFSA, a family’s 2015 total income is used in determining eligibility for financial aid for the 2016-2017 academic year. However, unusual circumstances may occur that result in a significant, sustained change in the household's total income since filing. In these cases, a student may request a re-evaluation of their financial aid eligibility using 2016 estimated income information. Before we can process your request, our office must have received your 2016-2017 FAFSA. In addition, if you were chosen for verification by the Dept. of Education, you will have to go through that process first, which requires the submission of signed copies of all 2015 Federal Income Tax Transcripts (not tax returns) and the completion of the Verification Worksheet.

Student Information

Name: _______________________________    CWID: _______________________________

Address: _______________________________

Street   City   State   Zip Code

Phone: _______________________________    Email: _______________________________

Instructions:

1) Please indicate the reason(s) for your income reduction/extraordinary expense on page 2 and complete ALL sections on page 3. Attach required documentation as indicated.

2) Complete the signature requirement on page 3 and write a brief summary of your special circumstances on page 4.

3) The Financial Aid Office will process your request for Special Circumstances upon receipt of this form and all required documentation and you will be notified of the results. Filing this form may or may not result in an increase in financial aid.
Reason for Income Reduction

☐ Loss/Change in Employment
  • Document on the Summary Page the reason for the change in employment
  • Submit a copy of the most recent/last pay stub or statement of earnings for 2016
  • Submit documentation of any other income received in 2016 such as unemployment, etc.
  • Submit a letter from your last employer stating you no longer work there OR documentation showing you are receiving unemployment

☐ Separation/Divorce
  • Document on Summary Page

☐ Death of Parent/Spouse
  • Name and relationship to student ________________________________
  • Document on Summary Page

☐ One-time Income
  • Provide the source, amount, and reason funds are not available for educational purposes on the Summary Page

☐ Loss of Benefits
  • Child Support
    Document the change in child support amount on the Summary Page
  • Social Security
    Attach a copy of notification of loss of social security income stating benefit ending date and monthly amount received
  • Unemployment Benefits
    Attach a copy of notification of loss of unemployment income stating benefit ending date and monthly amount received

☐ Other
  Please indicate the reason, provide explanation on the Summary Page and submit any supporting documentation

Extraordinary Expense(s): Please indicate the expense for which you are requesting consideration. Mark the item that applies and attach required documentation.

☐ Medical/Dental (Insurance premiums and expenses covered by insurance may not be included. Only out-of-pocket medical/dental expenses may be included.)
  • Attach copies of PAID receipts, canceled checks and/or proof of payment for expenses incurred (Expense will be reduced by 11% for amount already included in FAFSA formula)

☐ Elementary and Secondary Tuition Payments
  • Submit a payment summary or billing detail from the elementary or secondary school stating tuition paid or to be paid for the 2016-2017 academic year minus any waiver, discount or financial aid.
Please provide the following household and income data.

**Household information:** (Please include the Student and ALL other household members.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
<th>Age</th>
<th>College/Elementary/Secondary School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Income Information**
List the amount of all income you have actually received or will receive between January 1, 2016 and December 31, 2016. You must attach required documentation for each income source. Please refer to page 2 for potential documentation sources. Additional information may be requested on a case-by-case basis. **Please indicate $0 in the box if a particular income or benefit does not apply.**

<table>
<thead>
<tr>
<th>Income/ Benefits for Jan 1, 2016 – Dec. 31, 2016</th>
<th>Actual Income Received (Jan. 1, 2016 to Today)</th>
<th>Anticipated Income (Today to Dec. 31, 2016)</th>
<th>Total Income Received (Actual + Estimated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Dependent: Expected 2016 income earned from work by Father (wages, salaries, tips, net business / farm income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Dependent: Expected 2016 income earned from work by Mother (wages, salaries, tips, net business / farm income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected 2016 income earned from work by Student (wages, salaries, tips, net business / farm income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Married: Expected 2016 income earned from work by Spouse (wages, salaries, tips, net business / farm income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation received</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, gambling earnings, etc. Source:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support received</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing or Other Allowances (clergy, military, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other untaxed income (earned income credit, worker’s compensation, payments to IRA / Keogh, etc.) Source:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welfare Benefits (TANF, AFDC/ADC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran’s Non-Educational Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Income for 2016</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

I certify that the information provided in this request for special circumstances is true and complete to the best of my knowledge. I further understand that if my situation changes, I am responsible for notifying the Financial Aid Office of said changes. I also agree to provide any additional information if requested by the Financial Aid Office.

______________________________    ______________________________
Student Signature                  Date
SUMMARY

Please summarize your special circumstances below.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________