



## 2019-2020 Special Consideration Form

Student's Name: \_\_\_\_\_ SID: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Instructions:** According to federal laws and regulations, a family's 2017 income is used to determine financial need for the 2019-2020 academic year. If a family's 2019 income is lower due to special circumstances, a financial aid administrator may use the 2019 income to determine financial need. Please provide information regarding your reduction in income by completing this form.

Please summarize your circumstances below (attach additional sheet(s) if necessary):

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*Special Consideration Forms will be reviewed after October 1, 2019 and must be received by December 20, 2019.*

### SPECIAL CIRCUMSTANCES

Please indicate the reason for you and/or your spouse's and/or parents change in income. Mark all that apply and attach the required documentation.

- **Loss of income from work.** Complete sections A, B, and C.  
Period of unemployment from \_\_\_\_\_ to \_\_\_\_\_.
  - Layoff.** Provide a letter from employer stating effective date and anticipated return.
  - Plant closing.** Provide a letter from employer stating effective date.
  - 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.
  - Quit or reduced employment to attend school.** Provide a letter from employer stating effective date.
  - Other.** Please specify and provide appropriate documentation.
  
- **Loss of taxable income.** Complete sections A, B, and C.
  - Alimony.** Provide court document(s) stating termination date of benefit.
  - Unemployment.** Provide a letter from the unemployment office stating termination date of benefit.
  - Other.** Please specify and provide appropriate documentation.



- **Loss of untaxed income.** Complete sections A, B, and C.
  - Child Support.** Provide a letter or court documentation stating termination of benefits.
  - Worker's compensation.** Provide a letter from Bureau of Worker's Compensation stating termination date of benefit.
  - Other.** Please specify and provide appropriate documentation.
  
- **Divorce.** Since applying for financial aid, you/parents have been divorced.
  - Date of divorce \_\_\_\_\_. Give only your information when completing sections A, B, and C. Attach a copy of the divorce decree and signed Federal Tax forms with W-2's and all tax schedules.
  
- **Separation.** Since applying for financial aid, you or your parents have become separated.
  - Date of separation \_\_\_\_\_. Please provide documentation of you and your spouse's or your parent and his/her spouse's current address. Acceptable forms of documentation of an address include any legal paperwork or recent utility bills. Give only your information when completing sections A, B, and C. Attach a copy of your signed Federal Tax forms with W-2's and all tax schedules.
  
- **One-time income (i.e. inheritance, moving expense allowance, or lump sum payments).**
  - You / your parents must attach a separate sheet that identifies source of income and how funds were spent or invested. Complete sections A, B, and C.
  
- **Other unusual expenses paid:**
  - **Medical.** You/parent /spouse have paid medical or dental expenses for the 2017 calendar year that are not covered by insurance, and these expenses exceed 11% of your adjusted gross income for 2017. Provide a copy of Schedule A of 2017 federal tax returns or copies of canceled checks and confirmation of the total amount paid by insurance in 2017.
  - **Private school tuition.** You/parent/spouse have paid for private school tuition (elementary or secondary) in the 2019 calendar year for dependents in your family. Provide a letter from the school stating the amount you have paid for tuition in Spring 2019 and Fall 2019 and the name(s) of the student(s) for whom it was paid. (*Not applicable to the applicant.*)



- A. Report all income that has actually been received from January 1, 2019 through today. Then, estimate all income you expect to receive through December 31, 2019. **YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.** Documentation could include recent pay stubs with year to date earnings, an estimate of future income, etc.

<b>STUDENT</b>			
<b>INCOME FOR JANUARY 1, 2019 TO DECEMBER 31, 2019</b>	<b>ACTUAL + 1/1/19 to Today</b>	<b>ESTIMATED = Today to 12/31/19</b>	<b>TOTAL</b>
Expected 2019 income earned from work by student (wages, tips, business, etc.)	\$	\$	\$
Expected 2019 income earned from work by spouse (wages, tips, business, etc.)	\$	\$	\$
Other taxable income (pensions, annuities, alimony, unemployment, capital gains, etc.)	\$	\$	\$
Social Security Benefits	\$	\$	\$
Child Support Received	\$	\$	\$
Other untaxed income	\$	\$	\$

<b>PARENT</b>			
<b>INCOME FOR JANUARY 1, 2019 TO DECEMBER 31, 2019</b>	<b>ACTUAL + 1/1/19 to Today</b>	<b>ESTIMATED = Today to 12/31/19</b>	<b>TOTAL</b>
Expected 2019 income earned from work by parent (wages, tips, business, etc.)	\$	\$	\$
Expected 2019 income earned from work by spouse (wages, tips, business, etc.)	\$	\$	\$
Other taxable income (pensions, annuities, alimony, unemployment, capital gains, etc.)	\$	\$	\$
Social Security Benefits	\$	\$	\$
Child Support Received	\$	\$	\$
Other untaxed income	\$	\$	\$



**B. Household information:**

Name	Relationship to student	Name of college/university
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

*(If you need additional space to list family members, use the back of this page.)*

**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

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Special Circumstances approved. Action: \_\_\_\_\_

\_\_\_\_\_ Special Circumstances denied. Reason: \_\_\_\_\_

Old EFC \_\_\_\_\_ New EFC \_\_\_\_\_

**SAR Corrections:** Original AGI \_\_\_\_\_ Adjusted AGI \_\_\_\_\_

Original FIT \_\_\_\_\_ Adjusted FIT \_\_\_\_\_

**Adjustment for medical expenses:**

$$\frac{\text{_____}}{\text{(total income)}} \times 11\% = \frac{\text{_____}}{\text{(A)}}$$

$$\text{Medical expenses} = \frac{\text{_____}}{\text{(B)}}$$

$$\text{(B)} - \text{(A)} = \frac{\text{_____}}{\text{(C)}}$$

$$\frac{\text{_____}}{\text{(total income)}} - \text{(C)} = \frac{\text{_____}}{\text{(adjusted AGI)}}$$

**Adjustment for Private school tuition:** \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
AGI Tuition paid Adjusted AGI

FAA Signature: \_\_\_\_\_ Date: \_\_\_\_\_