

2019-2020 Academic Year **Parent Special Circumstances Review Form for 2019**

You have indicated that special circumstances affect your family's ability to provide the expected family contribution (EFC). For a review of your situation, please complete both sides of this form. You must also submit the documentation indicated below. Please check the following circumstance(s) which best describes your financial situation. Please return **completed** application with **documentation attached** to the Financial Aid Office.

Last Name	First Name	M.I.	XXX-XX- SSN (last 4)	Date of Birth
Address (include apt. no.)			Phone number (include area code)	
City	State	Zip Code	Email	

Check the circumstances that apply to your family, add information, and attach documentation.

A parent who earned money the prior year has been unemployed for at least 10 weeks in the current year.

Indicate the number of weeks in the current year that your parent has been out of work: _____ weeks

Employer: _____ Date Employment Ceased: _____

Reason for leaving: _____

Attach documentation (copy of last pay stub received; signed statement explaining circumstances and current resources).

A parent has had a substantial reduction in base earnings due to a change in job or position.

Employer: _____ Date of Change: _____

Reason: _____

Attach documentation (copy of last pay stub received; signed statement explaining circumstances and current resources).

A parent who earned money in the prior year has been unable to earn money for at least 10 weeks in the current year due to disability or natural disaster that happened in the prior or current year.

Indicate the number of weeks in the current year that your parent has been unable to work: _____ weeks

Please attach one of the following:

- A doctor's statement of disability
- Verification of any disability income
- A signed statement explaining the natural disaster, including type and date

A parent has completely lost an untaxed income or benefits for at least 10 weeks in the current year.

Do not include loss of Veteran's Educational Benefits. Benefits may include Social Security (including Supplemental Disability), AFDC/TANF or ADC, court-ordered child support, untaxed retirement or disability benefits, and unemployment compensation

Benefit: _____ Date Lost: _____

You must attach a statement from the agency that provided the benefit, stating the last date the benefit was paid. In cases of lost child support, a copy of the divorce decree indicating the support was court-ordered must be provided

A parent has separated or divorced since you applied for student financial aid.

Effective Date of Divorce/Separation: _____ Revised # in Family: _____ # in College: _____

On the back, report only primary parent income. Also report child support.

A parent has died since you applied for student financial aid.

Date of death: _____ Revised # in Family: _____ # in College: _____

On back, exclude deceased parent's income, benefits and assets. Please attach a copy of the death certificate.

Other: Attach specific details and appropriate documentation.

Expected Parental Current Calender-Year Income

Please provide the best possible estimation of income and benefits expected for this current year. **Do not leave any blanks. Enter 0 or N/A if not applicable.** Adjustments cannot be made without dollar figures.

Taxable Income

1. What is the total amount of your parents' expected current year **Adjusted Gross Income** (AGI)? (AGI includes: wages, tips, salaries, interest and dividend income, unemployment compensation, business income, capital gains, income from rent, royalties and properties, and other income that would be reported on an income tax return.) \$ _____
2. Of the amount in question 1, how much will your father earn from **work**? \$ _____
3. Of the amount in question 1, how much will your mother earn from **work**? \$ _____
4. Of the amount in question 1, how much income is generated from sources **other than work**? \$ _____

Untaxed Income

5. What amounts of untaxed income do your parents expect to receive in the current year from the following sources?
 - a. Social Security Benefits: \$ _____ /mo. x _____ mos. = \$ _____
 - b. AFDC/TANF: \$ _____ /mo. x _____ mos. = \$ _____
 - c. Child Support: \$ _____ /mo. x _____ mos. = \$ _____
 - d. Other: _____ \$ _____ /mo. x _____ mos. = \$ _____

* Include Military/Clergy, Housing Allowance, Earned Income Credit, Annuities, IRAs, etc.
6. Expected Veterans Non-Educational Benefits for prior year?
\$ _____ /mo. x _____ mos. = \$ _____

Certification and Signature

By signing this worksheet, I certify that all of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide additional proof of any and all information given on this form. I realize if I do not provide the requested documentation, I may not receive financial aid. I understand the Financial Aid Director will use professional judgment to base my estimated family contribution on expected year income, if that is in my best interest. I understand misrepresentation of information on financial aid forms is a violation of Federal and State laws and may be considered a criminal offense, which could result in indictment under U.S. criminal code.

Parent Signature

Date

Student Signature

Date

OFFICE USE ONLY

Approved Not Approved

Signature: _____ Date: _____