

This form is meant to report special circumstances that have caused a reduction to student or parent annual income in comparison to the 2018 income reported on your FAFSA (Free Application for Federal Student Aid).

STEP 1: Student Information (please print)

Name: _____ Social Security Number: ____--____--____ Phone Number: (____) ____ -- _____

Student ID (current students only): _____ Email Address: _____

STEP 2: Please check the appropriate circumstances that apply to your request and include as many of the documents as possible listed under each applicable section:

Death of Family Member Date of Death: _____

- Copy of parents' 2018 & 2019 federal tax return
- Copies of 2018 & 2019 W2 forms for both parents
- Documentation of death benefits and insurance payment
- Copy of death certificate

Disability of student, spouse or parent Date: _____

- Letter from physician confirming the disability and expected time off from work
- Verification of disability benefits from appropriate agency
- Copy of last pay stub(s) from previous employment
- Copy of parent's 2018 & 2019 federal tax return.

Divorce/Separation Date: _____

- Copy of court-filed legal separation document or divorce decree
- Copy of parents' 2018 & 2019 federal tax return
- Copies of 2018 & 2019 W2 forms for both parents
- Explanation letter listing: (1) Date of divorce/separation, (2) list of current household members, (3) alimony and/or child support received per month and when payments began.

COVID-19 Related Loss Date: _____

- Letter from employer(s) indicating date of employment termination or reduction in working hours/salary/wages.
- Copy of 2018 and 2019 federal tax return
- Copy of last pay stub from previous employment (including 2020 year-to-date earnings)
- Copy of most recent pay stub from new employer (including 2020 year-to-date earnings) if employed
- Documentation of severance and/or unemployment benefits
- Documentation of other issue contributing to loss

Loss of Employment Date: _____

- Letter from employer(s) indicating date of employment termination or reduction in working hours/salary/wages.
- Copy of 2018 and 2019 federal tax return
- Copy of last pay stub from previous employment (including 2020 year-to-date earnings)
- Copy of most recent pay stub from new employer (including 2020 year-to-date earnings) if employed
- Documentation of severance and/or unemployment benefits

Other: _____

STEP 3: Provide an explanation detailing ALL reasons that your family's income will be reduced and complete the rest of the form. Failure to complete this step or the remainder of the form will result in the form being returned. You may provide your explanation here and/or attach a separate sheet if necessary:

STEP 4: Complete the section below with gross income amounts (prior to exemptions, adjustments or deductions) that your family received in 2019 and **expects** to receive **from January 1, 2020 until December 31, 2020**. If NONE, enter ZERO. Complete this section based on the person(s) for whom the special circumstances apply – father and mother, or student and/or spouse. It may be helpful to have a copy of your federal income tax return and/or your FAFSA when you complete this section.

Total Gross <u>Taxed</u> Estimated Income for full year	Year: 2019		Year: 2020	
	Father or Student (circle one above)	Mother or Spouse (circle one, if applicable)	Father or Student (circle one above)	Mother or Spouse (circle one, if applicable)
1. Wages, salaries, tips	\$	\$	\$	\$
2. Severance pay	\$	\$	\$	\$
3. Taxable portions of interest and dividend income	\$	\$	\$	\$
4. Taxable pensions, annuities, 401K and/or IRA distributions	\$	\$	\$	\$
5. Business or farm income	\$	\$	\$	\$
6. Capital gains	\$	\$	\$	\$
7. Income from rents after expenses paid for mortgage interest, taxes and insurance	\$	\$	\$	\$
8. Alimony which will be received	\$	\$	\$	\$
9. Unemployment Compensation (State and/or SUB)	\$	\$	\$	\$
10. Any other taxed income	\$	\$	\$	\$
Total Gross <u>Taxed</u> Estimated Income	\$	\$	\$	\$

Total <u>Untaxed</u> Estimated Income for full year	Year: 2019		Year: 2020	
	Father or Student (circle one above)	Mother or Spouse (circle one, if applicable)	Father or Student (circle one above)	Mother or Spouse (circle one, if applicable)
1. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings)	\$	\$	\$	\$
2. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans	\$	\$	\$	\$
3. Child support received for all children	\$	\$	\$	\$
4. Tax exempt interest income	\$	\$	\$	\$
5. Untaxed portions of IRA distributions	\$	\$	\$	\$
6. Untaxed portions of pensions	\$	\$	\$	\$
7. Housing, food and other living allowances paid to clergy, persons in military service and others (including cash payments and cash value of benefits)	\$	\$	\$	\$
8. Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC)	\$	\$	\$	\$
9. Other untaxed income not reported elsewhere, such as workers compensation, disability, etc.	\$	\$	\$	\$
10. Money received or paid on your family's behalf (e.g. bills, living/college expenses, etc.) not reported elsewhere on this form	\$	\$	\$	\$
Total <u>Untaxed</u> Estimated Income	\$	\$	\$	\$

STEP 5: Your signature below indicates that above information is your best estimate as of this date.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/SPOUSE SIGNATURE: _____ **DATE:** _____