

# SPECIAL CIRCUMSTANCES - 2006-2007

(for completion by parents only)

**INSTRUCTIONS:** According to federal laws and regulations, a family's 2006 income is used to assess financial need for the 2006-2007 school year. If a family's 2006 income is lower due to special circumstances, a financial aid administrator may be able to use the 2006 income to assess financial need. Please provide information regarding your reduction in income by completing this form.

STUDENT'S NAME \_\_\_\_\_ STUDENT ID # \_\_\_\_\_  
LAST FIRST M.I.

STUDENT E-MAIL ADDRESS \_\_\_\_\_ PARENT'S E-MAIL ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PARENT'S ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

1. Indicate the reason(s) for your reduction in income on page 2, complete all required sections on page 3, and attach any required documentation.
2. Write a brief summary of your special circumstances on page 4 and complete the signature requirements.

## FOR OFFICE USE ONLY

Prior year special circumstances  yes  no

COMMENTS:

Not Eligible for special circumstances \_\_\_\_\_

Special circumstance denied \_\_\_\_\_

Special circumstance approved \_\_\_\_\_

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

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

ADMINISTRATOR \_\_\_\_\_

DATE \_\_\_\_\_

## SPECIAL CIRCUMSTANCES - 2006-2007

Please indicate the reason for your parent(s) change in income. Mark all that apply and attach the required documentation.

- LOSS OF INCOME FROM WORK.** Complete sections A, B, C, and D on page 3  
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, C, and D on page 3
- 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, C, and D on page 3
- SOCIAL SECURITY.** Provide Social Security Administration notification of termination of benefit.
  - CHILD SUPPORT.** Provide a letter or court document stating termination of benefits.
  - WORKER'S COMPENSATION.** Provide a letter from Bureau of Worker's Compensation stating termination of benefits.
  - OTHER.** Please specify and provide appropriate documentation. \_\_\_\_\_
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- DIVORCE.** Since applying for financial aid, you have become divorced. Date of divorce \_\_\_\_\_ Give only your information when completing sections A, B, C, and D on page 3. Attach a copy of the divorce decree and your 2005 W-2 form(s).
- SEPARATION.** Since applying for financial aid, you have become separated. Date of separation \_\_\_\_\_. Current address of spouse. \_\_\_\_\_ Give only your information when completing sections A, B, C, and D on page 3. Attach a copy of the separation agreement and your 2005 W-2 form(s).
- DEPENDENCY OVERRIDE.** After applying for financial aid, the student has become independent for financial aid purposes. Cases must be documented and must be limited to abuse, abandonment or neglect. Student must provide documentation from themselves and a third party certifying the situation.
- ONE-TIME INCOME (i.e. inheritance, moving expense allowance, back year Social Security payments, or lump sum retirement or IRA distribution.)** You must attach a separate sheet that identifies source of income and how funds were spent or invested. Complete sections A, B, C, and D on page 3.
- OTHER UNUSUAL EXPENSES PAID.**
- MEDICAL OR DENTAL EXPENSES.** You have paid medical or dental expenses for the 2005 calendar year that are not covered by insurance and these expenses exceed 10% of your total income. Provide a copy of Schedule A of 2005 Federal tax returns or copies of canceled checks for 2005 and confirmation of total amount paid by insurance in 2004.
  - ELEMENTARY AND SECONDARY EDUCATION PAID.** You have paid for elementary, junior high, and/or high school tuition in the 2005 calendar year for dependents in your family. (Not to exceed \$4000 per child). Provide a letter from school stating amount you have paid for tuition in the 2005 calendar year.
- A.** Report all income you have actually received from January 1, 2005 through today. Then estimate all income you expect to receive through December 31, 2005. **YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.** Documentation could include recent pay stubs with year to date earnings, W-2 forms, a letter from an employer stating your total earnings, an estimate of future income, etc. After December 31, 2005 you will be required to submit a copy of your completed 2005 federal tax return.

INCOME FOR JANUARY 1, 2006 TO DECEMBER 31, 2006	ACTUAL 1-1-2006 to Today	ESTIMATED Today to 12/31/2006	TOTAL ACTUAL PLUS ESTIMATED
Expected 2006 income earned from work by father (wages, salaries, tips, net business/farm income)	\$	\$	\$
Expected 2006 income earned from work by mother (wages, salaries, tips, net business/farm income)	\$	\$	\$
Expected 2006 income earned from work by student (wages, salaries, tips, net business/farm income)	\$	\$	\$
Other taxable income (dividends, interest, pension, annuities, alimony, unemployment compensation, capital gains, etc.) SOURCE: _____	\$	\$	\$
Social Security Benefits	\$	\$	\$
Aid to Families with Dependent Children (AFDC/ADC)	\$	\$	\$
Child Support Received	\$	\$	\$
Other untaxed income (earned income credit, welfare benefits, workers comp, payments to IRA/Keogh, etc.) SOURCE: _____	\$	\$	\$
<b>TOTAL INCOME FOR 2006</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



