Step 1 – ALL STUDENTS MUST SUBMIT THE FOLLOWING DOCUMENTATION

☐ Attach a detailed signed statement explaining your change in income, including dates.

YOUR REQUEST WILL NOT BE REVIEWED WITHOUT DOCUMENTATION

Step 2 – CIRCUMSTANCES TO BE CONSIDERED (Check One)

☐ Loss of Employment  ☐ Loss of Benefits  ☐ Death of Parent (dependent students only)
☐ Unusual Expenses  ☐ Deduction of a One-Time Payment  ☐ Other (List and provide documentation) _____

Step 3 – IN ADDITION TO THE ABOVE, THE FOLLOWING DOCUMENTATION IS REQUIRED

**LOSS OF EMPLOYMENT** – Student/Parent was working during 2015, but is now working fewer hours or is unemployed.
☞ Verification of 2016 Unemployment benefits being received

**LOSS OF BENEFITS** – (i.e. Child Support or Social Security)
Student/Parent has lost some or all benefits.
☞ Last check stub(s) or printout of benefit(s) received
☞ Letter from agency verifying date and amount of benefit(s) lost

**DEDUCTION OF ONE-TIME PAYMENT** – Student/Parent received a ONE-TIME PAYMENT (Pension, IRA, Annuities, Gambling Winning, Settlement, Capital Gains, etc.)
☞ Letter explaining the nature of the one-time payment
☞ Explanation of how one-time payment was spent

**DEATH OF A PARENT** – Parent passed away after the FAFSA was filed.
☞ Documentation of death (Death Certificate)

**ADDITIONAL/UNUSUAL EXPENSES** – Student/Parent has unusual medical/dental expenses not covered by insurance, Dependent/Elder Care expenses, and family paying private elementary/secondary school tuition or parent in college.
☞ Copy of paid receipts for elementary/secondary tuition, dependent care, etc.
☞ Detailed breakdown of paid receipts for elder care, medical, etc.

**NOTE**: Medical/dental expenses up to 11% of the family’s income are taken into account by the federal needs analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 11% will be considered an unusual circumstance.
INSTRUCTIONS FOR REDUCED INCOME

PLEASE NOTE: You must submit the completed Special Circumstance form with all documentation.

When you or your family have a change of income and request a change in eligibility based on the reduced figures for 2016 instead of the 2015 income filed on the FAFSA application, you must do several things:

1. Explain the reason for this request in a detailed signed statement.

Complete Step 4 (the total of Actual YTD and Projected income should give a complete picture of earnings for 2016).

In Step 4 “Actual YTD, from Jan 1 to _____”,
- Enter the date you are filling out the form.
- Declare your households actual year-to-date (YTD) 2016 earnings from all jobs (i.e. yourself if single, yourself and spouse if married, or yourself and parents if you are dependent.)
- You must submit supporting documentation on all of the household earnings (see step 3).

In Step 4 “Projected, from _____ to Dec 31”,
- Enter the date of the day after you are filling out the form. (e.g. If you put Mar. 3 above, put Mar. 4 here)
- Provide a “best estimate” of your households projected earnings for this period.
- Explain how you came up with these projected income figures in your attached explanation statement.

EXAMPLE of PROJECTED EARNINGS:
⇒ My spouse has worked at the same job all of 2016 and will continue to work at the same rate of pay. The total YTD earnings for my spouse are $10,758 which covers 21 weeks. That is equal to $512.29 per week ($10,758 divided by 21 = $512.29). Therefore, I project my spouse will make $15,881 ($512.29 x 31 remaining weeks.)

⇒ My household’s total projected earnings are: Myself, $4080 part-time earnings. My spouse will make $15,881. Total projected earnings = $19,961.

FINANCIAL AID OFFICE USE ONLY

Action Taken: □ Granted □ Not Granted

Reason/Rationale: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Financial Aid Administrator Signature _______________________________ Date __________
## Step 4 – (Student)

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Student/Spouse</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Earnings/Wages/Salaries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including any income from work, tips, severance/holiday pay, business/farm income, etc. ONLY)</td>
<td>Actual YTD From Jan 1, 2016 to current</td>
<td>Projected Current to Dec 31, 2016</td>
</tr>
<tr>
<td>DO NOT INCLUDE UNEMPLOYMENT IN THIS SECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse:</td>
<td></td>
<td>Final Pay Stub/Most recent Pay Stub. If no wages, printout from Employment Dept.</td>
</tr>
<tr>
<td>Student:</td>
<td></td>
<td>Final Pay Stub/Most recent Pay Stub. If no wages, printout from Employment Dept.</td>
</tr>
<tr>
<td><strong>Unemployment Earnings</strong></td>
<td></td>
<td>Documentation for current year Unemployment Earnings</td>
</tr>
<tr>
<td><strong>Taxable Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Including rental income, taxable portions of pensions, etc.)</td>
<td></td>
<td>Statement from Agency providing interest income. Most recent balance sheet showing rental income</td>
</tr>
<tr>
<td><strong>Child Support Received</strong></td>
<td></td>
<td>Copies of cancelled checks. Printout from Child Support</td>
</tr>
<tr>
<td><strong>Other Untaxed Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Non-Education Veterans benefits, and Work-Study)</td>
<td></td>
<td>Document Non-Education Benefit and Work-Study</td>
</tr>
<tr>
<td><strong>Disability/Workers Compensation</strong></td>
<td></td>
<td>Documentation from Workers Compensation/Disability</td>
</tr>
<tr>
<td><strong>Any Other Income</strong></td>
<td></td>
<td>Document any other income</td>
</tr>
<tr>
<td><strong>2016 SNAP Benefits</strong></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Submit documentation of SNAP benefits</td>
</tr>
</tbody>
</table>

## ATTACH ALL REQUIRED DOCUMENTATION
This form will NOT be processed if documentation is not attached

Student Signature______________________________________ Date________________

Spouse/Parent Signature________________________________ Date________________