



## REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES

In cases where 2018 family income is expected to be substantially less than 2017 family income, or if you have special circumstances we should take under advisement, you may request a review of family contribution and financial aid eligibility. Complete and return this form to the Financial Aid Office **along with documentation to support your request.**

**Student Name:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

Reasons for review of financial aid eligibility: **Check condition and circle the person for whom it applies:**

☐ **You / Your Spouse / Your Parent(s)** were/was employed in 2017 but are/is now unemployed or under employed. **Suggested Documentation:** Proof of unemployment benefits or statement on company letterhead from employer which specifies your last date of employment and/or date(s) of reduced hours.

☐ **You / Your Spouse / Your Parent(s)** received unemployment compensation or other reported income in 2017 and have had a loss or reduction in these benefits in 2018. **Suggested Documentation:** Letter of explanation from source of benefit.

☐ **You / Your Spouse / Your Parent(s)** earned money in 2017, but have/has been unable to pursue normal income-producing activities during 2018 due to a disability or natural disaster.

**Suggested Documentation:** Physician's statement or written description of natural disaster.

☐ **You / Your Parents** have become separated or divorced after you submitted your application for Federal Student Financial Aid. **Date of Separation or Divorce:** \_\_\_\_\_ **Suggested Documentation:** Copy of divorce or legal separation documents; if unavailable, obtain a letter from an attorney, minister, or other responsible third party (non-relative) describing situation and date of divorce or separation.

☐ **Your Spouse / Your Parent** whose 2016 income was reported on your application for Federal Student Aid has died since you submitted your application. **Date of Death:** \_\_\_\_\_

**Suggested Documentation:** Death Certificate; Obituary.

☐ **Dependent Student only:** Your last surviving parent, with whom you had a dependency relationship by virtue of not meeting the Federal Independent Student criteria, has died after you submitted your Federal Student Financial Aid Application. **Date of Death:** \_\_\_\_\_ **Suggested Documentation:** Death Certificate; Obituary.

☐ **Other:** Please explain briefly and concisely those circumstances you wish us to consider when reviewing your financial aid eligibility. Examples include: high unreimbursed medical expenses, nursing home expenses, etc.

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Please submit proof of these circumstances with this form.

(more on back)

**Student / Spouse / Parent(s) Expected 2018 Income:**  
***Do not leave any items blank. Report total yearly figures (not monthly).***

	Student & Spouse	Parent(s)
2018 Expected Work Income by student / father:	\$ _____	\$ _____
2018 Expected Work Income by spouse / mother:	\$ _____	\$ _____
2018 Other Taxable Income (e.g. unemployment benefits):	\$ _____	\$ _____
2018 Other Non-Taxable Income (e.g. child support):	\$ _____	\$ _____
<b>Total Expected 2018 Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

I understand that if I purposely give false or misleading information in connection with my application for Federal Student Aid, I may be subject to a fine of up to \$20,000, sent to prison, or both. I also understand that if the income estimates provided above are substantially different from what is actually earned for that year, I will lose my ability to request any future adjustments in subsequent application years.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse / Parent Signature

\_\_\_\_\_  
Date

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**For Office Use Only**

☐ Approved

Recalculated EFC: \_\_\_\_\_

ISIR reprocessed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Calc'd taxes paid: \_\_\_\_\_

Data elements and amounts to be adjusted: \_\_\_\_\_

☐ Denied

Reason: \_\_\_\_\_

\_\_\_\_\_  
I hereby use my professional judgment to **adjust / not adjust** this student's expected family contribution.

\_\_\_\_\_  
Financial Aid Counselor

\_\_\_\_\_  
Date