

INSTRUCTIONS: Situations that warrant a Special Circumstance Appeal are listed in Items 1-6. Please mark appropriate item to indicate your reason for requesting an adjustment.

____ 1. **Loss of Benefits or Support**
 ____ Student ____ Mother ____ Father ____ Spouse

Documents Required:

- Submit letter from appropriate state or federal agency or other legal documentation specifying total amount of benefits or support received and termination date. If child support and/or alimony, a copy of divorce decree to include settlement agreement
- Retirement pay statement for 2017 (if applicable)
- Complete Estimated Income Table for 2017 (on next page)

____ 2. **Job Loss or Reduction In Income** (*Loss/Reduction must be continuous for at least 10 weeks and be a minimum of 25 percent reduction to be considered*)
 ____ Student ____ Mother ____ Father ____ Spouse

Documents Required:

- Submit year-to-date earnings statement from all employers
- Submit letter from former employer(s) on company letterhead detailing employee's termination date, reason for separation, and specifying amount of payments or benefits that were/will be received due to the separation
- Submit copy of three most recent pay stubs from current employer, if employed
- Statement from Unemployment Office for 2017 unemployment benefits (if applicable)
- Complete Estimated Income Table for 2017 (on next page)

____ 3. **Divorce/Separation**
 ____ Student ____ Mother ____ Father ____ Spouse

Documents Required:

- A court stamped copy of the divorce decree or legal separation paperwork
- Complete Estimated Income Table for 2017 (on next page)

____ 4. **Death**
 ____ Mother ____ Father ____ Spouse

Documents Required:

- Copy of certified death certificate or obituary
- 2017 Year-to-date earnings (i.e check stub)
- Complete Estimated Income Table for 2017 (on next page)

____ 5. **One Time Income (examples: inheritance, IRA distribution, back year Social Security payments, capital gain, etc.)**
 ____ Student ____ Mother ____ Father ____ Spouse

Documents Required:

- Documentation of one-time income including amount, type of income, and date of receipt
- Statement of how funds were spent, invested or rolled over.
- Financial/Bank Statements
- 2017 Year-to-date earnings
- Complete Estimated Income Table for 2017 (on next page)

____ 6. **Unusual Medical Expense(s) (only for expenses not covered by insurance)**
 ____ Student ____ Mother ____ Father ____ Spouse

Documents Required:

- Provide copy of Schedule A from 2016 Federal Tax Return if deductions were itemized. **If deductions were not itemized**, complete table below and attach supporting statements detailing date expenses incurred, total amount charge, amount insurance **already** paid, and amount patient/family has **already** paid. Complete Estimated Income Table for 2017 (on next page)

Medical Expense Table				
Name of patient	Date expenses incurred	Total Medical charge	Amount insurance paid	Amount patient/family paid (not amount owed)
<i>Example: John Doe</i>	<i>10/09</i>	<i>\$5,000</i>	<i>\$1,000</i>	<i>\$4,000</i>
Total Amount of Medical Expenses Paid by Patient/Family				\$

ESTIMATED INCOME FOR 2017 CALENDAR YEAR

If you are divorced or legally separated, include only your income information. If your parents are divorced or legally separated, include only your custodial parent’s income information. If your custodial parent has remarried include their spouse’s information. If the loss of income is due to death of your spouse/parent, include only your income information/surviving parent’s information.

Note: Write in Zero (0) if an item does not apply	1/1/2017– 12/31/2017			
	Father	Mother	Student	Spouse
Taxable	\$ _____	\$ _____	\$ _____	\$ _____
Wages, Salaries, Tips				
State Unemployment Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Pensions	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Other Taxable Income: Specify Source(s)	\$ _____	\$ _____	\$ _____	\$ _____
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
Untaxable	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Benefits				
Aid to Families with Dependent Care (AFDC)	\$ _____	\$ _____	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____	\$ _____	\$ _____
Other Untaxed Income Benefits	\$ _____	\$ _____	\$ _____	\$ _____
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
TOTAL Anticipated Income	\$ _____	\$ _____	\$ _____	\$ _____
Cash and Savings	\$ _____	\$ _____	\$ _____	\$ _____

FAFSA	Special Circumstance	Documentation
2018-2019 Based on 2016 Tax Data	Income Reduction in 2017	Submit Signed Federal Tax Return or W-2 Statement for 2017
	Separation/Divorce	Proof of Separation or Divorce Decree
	Married in 2017 or later	Marriage License
FAFSA 2019-2020 Based of 2017 Tax Data	Special Circumstance	Documentation
	Income Reduction in 2018	Submit Signed Federal Tax Return or W-2 Statement for 2017
	Separation/Divorce	Proof of Separation or Divorce Decree
	Married in 2018 or later	Marriage License