



2018-19 REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES

In cases where 2018-2019 family income is expected to be substantially less than 2016 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 **with documentation to support your request.**

Student Name: _____ **Phone #:** (____) _____ **Soc. Security #** _____ **(Required)**

Address: _____

Street
Apt
City
State
Zip

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 2016 but are/is now unemployed or under employed. **Required Documentation:** Statement on company letterhead from employer which specifies your last date of employment and/or date(s) of reduced hours; signed copy of 2017 federal income tax return with attached W-2 forms; last pay stub; verification of unemployment benefits.
- Your/Your Spouse/Your Parent(s)** earned money in 2016, but have/has been unable to pursue normal income-producing activities during 2018 due to a disability. **Required Documentation:** Physician’s statement; signed copy of 2017 federal income tax return with attached W-2 forms; last pay stub.
- You/Your Spouse/Your Parent(s)** received unemployment compensation or other reported income in 2016 and have/ has had a loss or reduction of these benefits in 2017. **Required Documentation:** Letter of explanation from source of benefit; wage transcript; signed copy of 2017 federal income tax return with attached W-2 forms (if unemployment benefits received).
- You/Your Parents** have become separated or divorced after you submitted your application for Federal Student Financial Aid. **Date of Separation or Divorce:** ____/____/____ **Required 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:** ____/____/____ **Required Documentation:** Death Certificate.
- Dependent Student only:** Your last surviving parent, with whom you had a dependency relationship, has died after you submitted your Federal Student Financial Aid Application. **Date of Death:** ____/____/____ **Required Documentation:** Death Certificate.
- Other:** Please explain briefly and concisely those circumstances to be considered when reviewing your financial aid eligibility. Examples include: high unreimbursed medical expenses, nursing home expenses, etc. **Please submit proof of these circumstances with this form.**

Student/Spouse/Parent(s) Expected 2017 Income:
Do not leave any items blank. Report total yearly figures (not monthly).

	<u>Student & Spouse</u>	<u>Parent(s)</u>
2017/2018 Expected Work Income by student/father:	\$ _____	\$ _____
2017/2018 Expected Work Income by spouse/mother:	\$ _____	\$ _____
2017/2018 Other Taxable Income (e.g. unemployment benefits):	\$ _____	\$ _____
2017/2018 Other Non-Taxable Income (e.g. child support):	\$ _____	\$ _____
Total Expected 2017/2018 Income	\$ _____	\$ _____

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

Note: For additional information or questions, please call Rachel Cavanaugh at 910-362-7317 for an appointment.

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For Office Use Only

_____ Approved Recalculated EFC: _____ ISIR Reprocessed: ____/____/____

Calculated 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 Officer

Date