

## 2023-2024 Special Circumstance Request Form

<b>Student Name:</b>	<b>Student ID:</b>	
<b>Email:</b>	<b>Phone:</b>	
<p>Your financial aid for the <b>2023-24</b> academic year is based on <b>2021</b> income information. If you and/or your parent(s) circumstances have changed since the filing of your 2023-24 financial aid applications, you may request a reevaluation of eligibility.</p> <p>The following are examples of scenarios that may be eligible for a reevaluation of eligibility:</p> <ul style="list-style-type: none"> <li>• Loss of income due to loss of employment or reduction in salary</li> <li>• Death of a Parent or Spouse</li> <li>• Divorce or Legal Separation</li> <li>• One-Time/Non-Recurring Income</li> <li>• Medical or Dental expenses paid out of pocket and not covered by medical or dental insurance during a single, recent year</li> <li>• Dependency Override</li> </ul> <p>Note, the following scenarios may not be considered for a reevaluation of eligibility:</p> <ul style="list-style-type: none"> <li>• Loss of overtime or bonus income</li> <li>• Fluctuations in self-employment or business income, although exceptions may be made in the case of businesses impacted by COVID-19</li> <li>• Bankruptcy, foreclosure, or collections cost associated with outstanding debts</li> <li>• Consumer debt such as credit cards, car payments, mortgage, and other loans</li> <li>• Payments on back taxes owed to the IRS</li> <li>• Lottery or gambling winnings or losses</li> </ul>		
Check	Circumstance or Event	Required Supporting Documentation
	<p style="text-align: center;"><b>Significant loss of income due to termination or involuntary separation from employer</b>            (Current income is significantly lower than the income reported on 2021 Income Tax forms)</p>	<ul style="list-style-type: none"> <li>• 2021 Federal Income Tax Returns (unless IRS DRT was used on FAFSA)</li> <li>• Copy of three most recent pay stubs for student and/or parent</li> <li>• Termination, Furlough, or Reduction-in-Force notification from employer</li> <li>• Severance Statement (if applicable)</li> <li>• Unemployment Benefits Statement (if applicable)</li> </ul>
	<p style="text-align: center;"><b>Death of Parent or Spouse</b>            (If 2021 Income Tax data reflects income from a now deceased member of the household)</p>	<ul style="list-style-type: none"> <li>• 2021 Federal Income Tax Returns</li> <li>• W-2 Income Statements</li> <li>• Death Certificate</li> <li>• Copy of three most recent paystubs for student and/or parent</li> </ul>
	<p style="text-align: center;"><b>Divorce or Separation</b>            (If 2021 Income Tax data reflects joint income from a partner or parent who has since been divorced or legally separated and no longer contributed to household income)</p>	<ul style="list-style-type: none"> <li>• Divorce Decree</li> <li>• Legal Separation documentation and proof of current separate residences</li> <li>• 2021 Federal Income Tax Returns</li> <li>• W-2 Income Statement from student and/or parent</li> </ul>

	<b>One-time/Non-Recurring Income</b> (Income that was on the 2021 Income Tax Forms but was from a 1-time event and not an annual part of total income)	<ul style="list-style-type: none"><li>Clarification of what the 1-time/non-recurring income was in reference to</li><li>Documentation such as IRA Distribution docs, Bill of Sale from the sale of property, and/or Form 1099</li></ul>
	<b>Medical Expenses</b> (Must be more than 10% of Adjusted Gross Income)	<ul style="list-style-type: none"><li>Documentation of outstanding/prior year medical bills <i>not</i> reimbursed or paid by insurance</li><li>Explanation of special circumstances</li></ul>
	<b>Dependency Override</b> (Dependent-to-Independent status change)	<ul style="list-style-type: none"><li>Contact the Financial Aid Office for more information on completing a separate Dependency Override Request Form and a listing of all required documentation to request a Dependency Override.</li></ul>

**Statement of Event**

*Please use the space below to explain any information on this form or expand upon your family's circumstances. All supporting/required documentation should be attached to this application and submitted together in one submission. Please ensure you have attached all required documentation. Incomplete requests will be denied.*


**Student Certification**

I/We certify that the information provided on this form as well as all attached supporting documentation is accurate and complete as of this date. I/We understand that the request for a financial aid re-evaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account.

Student Signature:	Date:
Parent Signature:	Date:

**Office of Financial Aid**

Director:	Date:	Approved	Denied
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