Dependent Student Special Circumstance Form 2015-16
(For students whose parental information is required on the FAFSA form)

Student Name: ______________________  University ID#: ______________________

This form is to indicate to the Financial Aid Office that your family may have extenuating circumstances that could affect your ability to pay for your college expenses. Possible circumstance changes that could be considered would be:

- Loss of employment and/or significant decrease in earnings
- Injury or disability which has caused a loss of income
- Loss of benefits such as unemployment, social security or child support
- Significant medical or dental expenses incurred in 2014 that were not covered by insurance
- One time distribution from pension that was for a specific purpose and will not occur again (must provide detailed documentation)

In order for the Financial Aid Office to consider these circumstances, we will need the following information:

1. A letter from you or your parent(s) explaining the details of the situation. It should include dates and amounts where appropriate.

2. You MUST include a copy of both the student (if filed) and the parent(s) 2014 IRS Tax Return Transcript. To obtain this form, please contact the IRS at www.irs.gov or by calling 1.800.908.9946. Also include copies of all W-2’s and Schedules C, F or G if applicable.

3. If the extenuating circumstance is loss of income and/or benefits, complete the information below for estimated income. Attach supporting documentation such as pay stubs, letters, proof of unemployment, etc.

Parent(s) estimated income (January 1, 2015-December 31, 2015)

- 2015 income estimated from work by father/stepfather $__________
- 2015 income estimated from work by mother/stepmother $__________

(attach current or last pay stubs)

2015 Other Taxable Income:
- Pensions/Annuities $__________
- Social Security $__________
- Business/farm Income $__________
- Rental property income $__________
- Alimony $__________
- Unemployment $__________
- Other taxable income $__________ (specify) ______________________

2015 Non-Taxable Income:
- Pensions/Annuities $__________
- Disability benefits $__________
- Child support $__________
- Other untaxed income $__________ (specify) ______________________

Certification: All of the information on this form is true and complete to the best of my knowledge.

Father/stepfather signature: ______________________ Date: ______________________

Mother/stepmother signature: ______________________ Date: ______________________

Student signature: ______________________ Date: ______________________