Student's Name: ________________________________________________________ SID: __________________________

Cell Phone Number: __________________________ E-mail address: __________________________

**Instructions:** According to federal laws and regulations, a family’s 2015 income is used to determine financial need for the 2016-2017 academic year. If a family’s 2016 income is lower due to special circumstances, a financial aid administrator may use the 2016 income to determine financial need. Please provide information regarding your reduction in income by completing this form.

Please summarize your circumstances below (attach additional sheet(s) if necessary):

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

*Special Consideration Forms will be reviewed after October 1, 2016 and must be received by December 20, 2016.*

**SPECIAL CIRCUMSTANCES**

Please indicate the reason for you and/or your spouse’s and/or parents change in income. Mark all that apply and attach the required documentation.

- **Loss of income from work.** Complete sections A, B, and C.
  Period of unemployment from ____________ to ____________.
  - **Layoff.** Provide a letter from employer stating effective date and anticipated return.
  - **Plant closing.** Provide a letter from employer stating effective date.
  - **Termination.** Provide a letter from employer stating effective date. If this is not available, provide documentation from local unemployment office.
  - **Disability.** Date of disability (mm/dd/yy) ____/____/______. Attach documentation of the disability.
  - **Quit or reduced employment to attend school.** Provide a letter from employer stating effective date.
  - **Other.** Please specify and provide appropriate documentation.

- **Loss of taxable income.** Complete sections A, B, and C.
  - **Alimony.** Provide court document(s) stating termination date of benefit.
  - **Unemployment.** Provide a letter from the unemployment office stating termination date of benefit.
  - **Other.** Please specify and provide appropriate documentation.
• **Loss of untaxed income.** Complete sections A, B, and C.
  
  - **Social Security.** Provide Social Security Administration notification of termination of benefit.
  - **Child Support.** Provide a letter or court documentation stating termination of benefits.
  - **Worker’s compensation.** Provide a letter from Bureau of Worker’s Compensation stating termination date of benefit.
  - **Other.** Please specify and provide appropriate documentation.

• **Divorce.** Since applying for financial aid, you/parents have been divorced. Date of divorce _______________. Give only your information when completing sections A, B, and C. Attach a copy of the divorce decree and 2015 signed Federal Tax forms with W-2’s and all tax schedules.

• **Separation.** Since applying for financial aid, you or your parents have become separated. Date of separation _______________. Please provide documentation of you and your spouse’s or your parent and his/her spouse’s current address. Acceptable forms of documentation of an address include any legal paperwork or recent utility bills. Give only your information when completing sections A, B, and C. Attach a copy of your 2015 signed Federal Tax forms with W-2’s and all tax schedules.

• **One-time income (i.e. inheritance, moving expense allowance, or lump sum payments).** You / your parents must attach a separate sheet that identifies source of income and how funds were spent or invested. Complete sections A, B, and C.

• **Other unusual expenses paid:**
  
  - **Medical.** You/parent /spouse have paid medical or dental expenses for the 2015 calendar year that are not covered by insurance, and these expenses exceed 11% of your adjusted gross income for 2015. Provide a copy of Schedule A of 2015 federal tax returns or copies of canceled checks and confirmation of the total amount paid by insurance in 2015.
  
  - **Private school tuition.** You/parent/spouse have paid for private school tuition (elementary or secondary) in the 2016 calendar year for dependents in your family. Provide a letter from the school stating the amount you have paid for tuition in Spring 2016 and Fall 2016 and the name(s) of the student(s) for whom it was paid. *(Not applicable to the applicant.)*
A. Report all income that has actually been received from January 1, 2016 through today. Then, estimate all income you expect to receive through December 31, 2016. YOU MUST ATTACH DOCUMENTATION OF ALL INCOME. Documentation could include recent pay stubs with year to date earnings, an estimate of future income, etc.

### STUDENT

<table>
<thead>
<tr>
<th>INCOME FOR JANUARY 1, 2016 TO DECEMBER 31, 2016</th>
<th>ACTUAL + 1/1/16 to Today</th>
<th>ESTIMATED = Today to 12/31/16</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected 2016 income earned from work by student (wages, tips, business, etc.)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2016 income earned from work by spouse (wages, tips, business, etc.)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other taxable income (pensions, annuities, alimony, unemployment, capital gains, etc.)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support Received</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other untaxed income</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### PARENT

<table>
<thead>
<tr>
<th>INCOME FOR JANUARY 1, 2016 TO DECEMBER 31, 2016</th>
<th>ACTUAL + 1/1/16 to Today</th>
<th>ESTIMATED = Today to 12/31/16</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected 2016 income earned from work by parent (wages, tips, business, etc.)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2016 income earned from work by spouse (wages, tips, business, etc.)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
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<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
Prior year special circumstances:  ❑ Yes  ❑ No
Comments:
___________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Special Circumstances approved. Action: ___________________________________________________

Special Circumstances denied. Reason: _____________________________________________________

Old EFC _____ New EFC ___________

SAR Corrections:  Original AGI _________  Adjusted AGI ___________

Original FIT _________  Adjusted FIT ___________

Adjustment for medical expenses:  

\[ \text{Medical expenses} = \frac{\text{Total income} \times 11\%}{(A)} \]

\[ (B) - (A) = \frac{\text{Total income}}{(C)} - (C) = \frac{\text{Adjusted AGI}}{(adjusted AGI)} \]

Adjustment for Private school tuition:  

\[ \frac{\text{Adjusted AGI}}{AGI} - \frac{\text{Tuition paid}}{Adjusted AGI} = \frac{\text{Adjusted AGI}}{} \]

FAA Signature: ____________________________________________ Date: ______________________