### 2017-18 Special Circumstance Request - Dependent

**Student Name (Please Print):** ____________________________  
**Student ID:** ____________________________

**Deadlines:**  
- **September 1, 2017** - Students only enrolled for Fall/Spring semester  
- **February 1, 2018** - Students only enrolled for Spring semester  
- **June 1, 2018** - Students enrolled for Summer session

Special consideration may be available if your parents’ current financial situation is not accurately reflected by the 2015 tax information. You must submit a signed detailed letter explaining the situation and required documentation as outlined below. All documents must be completed before the Special Circumstance Committee will review the file. Please be aware that submitting an appeal does not guarantee an adjustment will be made.

### Checklist for ALL appeals:
- Signed copy of student 2016 federal tax return transcript  
- Signed copy of parent(s) 2016 federal tax return transcript  
- Select circumstance in Section A

### Section A: Check all circumstances you would like to be considered and submit required documentation.

<table>
<thead>
<tr>
<th>Criteria for Consideration:</th>
<th>You must provide:</th>
</tr>
</thead>
</table>
| Death of parent (must have occurred AFTER January 1, 2016).  
Name of Deceased: ____________________________  
Date of death: ___/___/_____ | Copy of Death Certificate or Obituary |
| Parent's divorce/separation (must have occurred AFTER January 1, 2016).  
Date of separation or divorce: ___/___/_____  
Will child support be paid or received?  
Yes □  No □ | Copy of Divorce Decree or letter from attorney |
| Permanent and total disability of parent (must have occurred AFTER January 1, 2016).  
Date: ___/___/_____  
Relationships: ____________________________ | Copy of statement of disability from physician or determining agency |
| Parent has retired; been unemployed for at least 12 weeks or has experienced a change in employment status which will result in an income reduction AFTER January 1, 2016.  
Date: ___/___/_____  
Relationships: ____________________________ | Unemployment Documentation (if applicable) |
| Untaxed income has ceased or been reduced.  
Date: ___/___/_____  
Type of income: ____________________________ | Documentation of ceasing or reduction |
*Please Note: If your family’s 2017 income will be equal to or greater than the 2016 income do not complete the rest of this form. Contact the Student Financial Aid Office to discuss possible options.

Section B: Income
Complete the Gross Taxed Income and the Untaxed Income sections below with your family’s expected income prior to exemptions, adjustments, or deductions from January 1, 2017 to December 31, 2017. IF NONE, ENTER ZEROS. Both sections must be completed or the Committee will not review the appeal.

**TOTAL 2017 GROSS TAXED INCOME**

<table>
<thead>
<tr>
<th>Parent 1 Income</th>
<th>Parent 2 Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries, tips</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Severance pay</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Pensions and annuities</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Alimony which will be received</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Unemployment Compensation (State and/or SUB)</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Any other taxed income</td>
<td>$ ____________</td>
</tr>
</tbody>
</table>

Total 2017 Gross Taxed Income

Child support paid during 2017 (Do not include support for children in your household).

**TOTAL 2017 UNTAXED INCOME**

<table>
<thead>
<tr>
<th>Parent 1 Income</th>
<th>Parent 2 Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untaxed portion of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings). Include untaxed portion of 401(k) and 403(b) plans (from Box 12 on W-2s).</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Child support or maintenance payments which will be received for ALL children (include cash support or money paid on student’s behalf from noncustodial parent)</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Living and housing allowances (excluding rent subsidies for low income housing) for clergy, military and others (include cash payments or cash value of benefits)</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Any other untaxed income and benefits</td>
<td>$ ____________</td>
</tr>
</tbody>
</table>

Don’t include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusions or credit for federal tax on special fuels.

Total 2017 Untaxed Income

$ ____________ $ ____________

Section C: Signature
Warning: If you purposely give false or misleading information on this form to help establish eligibility for federal student aid, you may be subject to a $20,000 fine, a prison sentence or both.

Student Signature Date

Parent’s Signature Date