

2022-23 Special Circumstance Request – Dependent

Student Name (Please Print): _____
Last First M Former

Student ID: _____

- Deadlines:**
- September 1, 2022** – Students enrolled for Fall/Spring semester
 - February 1, 2023** – Student only enrolled for Spring semester
 - June 1, 2023** – Students enrolled for Summer semester

Please be aware that submitting an appeal does not guarantee an adjustment will be made.

Special consideration may be available if your family’s current financial situation is not accurately reflected by the 2020 tax information reported on your FAFSA. You must submit a signed detailed letter explaining the situation and required documentation as outlined below. All documents must be completed and received before the Special Circumstance Committee will review the file. **Please use black or blue ink.**

Checklist for ALL appeals:

- Parent(s) 2021 Federal Tax Return (signed) and Schedules 1-3 (if applicable)
- Copies of parent(s) 2021 W2’s
- Signed letter detailing circumstance
- Parent(s) most recent paystub(s)

Section A: Criteria for Consideration *Check all circumstances you would like to be considered and submit required documentation. Documentation listed below is not an inclusive list. Additional information may be requested on a case by case basis.*

<input type="checkbox"/> Death of parent Name of Deceased: _____ Date of death: ____/____/____ <ul style="list-style-type: none"> • Copy of Death Certificate or Obituary • Copy of parent(s) 2020 Federal Tax Return (signed) and Schedules 1-3 (if applicable) • Copy of parent(s) 2020 W2’s
<input type="checkbox"/> Parent’s divorce/separation Date of Divorce/separation: ____/____/____ Name of parent who will provide more than half of your financial support: _____ Number in named parent’s household: _____ Number in college: _____ <ul style="list-style-type: none"> • Copy of Divorce Decree or letter from attorney • Copy of parent(s) 2020 Federal Tax Return (signed) and Schedules 1-3 (if applicable) • Copy of parent(s) 2020 W2’s
<input type="checkbox"/> Permanent or Total disability of parent Relationship: _____ Date: ____/____/____ <ul style="list-style-type: none"> • Copy of statement of disability from physician or determining agency
<input type="checkbox"/> Parent has retired; unemployed for at least 8 weeks, or has a change in employment resulting in an income reduction Relationship: _____ Date: ____/____/____ <ul style="list-style-type: none"> • Unemployment Documentation (if applicable) • Documentation of situation
<input type="checkbox"/> Untaxed income has ceased or been reduced Type of Income: _____ Date: ____/____/____ <ul style="list-style-type: none"> • Documentation of ceasing or reduction

Section B: Income

Complete the Gross Taxed Income and the Untaxed Income sections below for your family's expected income **prior to exemptions, adjustments, or deductions**. Include all estimated income from January 1, 2022 to December 31, 2022.

Please include estimates for the full year. If none, enter zero.

Total 2022 Gross Taxed Income

1. Wages, salaries, tips, severance pay
2. Pensions and annuities
3. Alimony
4. Unemployment Compensation
5. Other taxed income (specify) _____

Total 2022 Gross Taxed Income

Parent 1 Income

Parent 2 Income

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Total 2022 Untaxed Income

1. **Payments to tax-deferred pension & retirement savings plans**
 - Paid directly or withheld from earnings
 - W-2 box 12a codes D, E, F, G, H and S. Do not include DD
2. **IRA Deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans**
 - 1040 Schedule 1, total of lines 15 + 19
3. **Child support received for all children**
 - **Don't include** foster care or adoption payments
4. **Untaxed portion of IRA distributions and pensions**
 - 1040 lines 4a + 5a minus 4b + 5b. **Exclude rollovers.**
5. **Housing, food, and other living allowances paid to members of the military, clergy, and others**
 - **Don't include** the value of on-base housing or basic military allowance for housing
6. **Other untaxed income**
 - workers' compensation, disability benefits, untaxed foreign income, untaxed portions of health savings accounts (1040 schedule 1, line 12)
 - **Don't include** untaxed Social Security benefits, Supplemental Security Income (SSI), combat pay

Total 2022 Untaxed Income

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

1. Child support paid during 2022
 - do not include support for children in your household

\$ _____	\$ _____
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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

Electronic signatures will not be accepted.