



## 2015-2016 Special Circumstances Form

Student Name \_\_\_\_\_ SU ID \_\_\_\_\_

If your family has experienced a major reduction in income, the Financial Aid Office may consider estimated 2015 income as a basis for figuring your need for financial aid. The reduction must result from one of the special conditions listed below. Families and students should realize that financial aid funds are limited and aid programs have statutory limits on the amount a student can receive each year. Additional funds, if available, will usually take the form of a new or increased loan.

- If you had to provide parent data on your FAFSA, then complete this form as a “Dependent” student
- If you were not required to provide any parent data on your FAFSA, then you are an “Independent” student.

### I. ADJUSTMENT TYPE

---

Check the condition listed below that describes your situation.

1. Parent or spouse of student died after January 1, 2015.

- Enter the date of death: \_\_\_\_\_
- Attach a copy of the death certificate

2. Parents have separated or a married independent student has separated after January 1, 2015.

- Enter date of marital separation: \_\_\_\_\_
- Attach a copy of legal separation agreement or a signed letter from attorney on legal firm’s letterhead stating when legal proceedings will begin

3. Parents of a dependent student or an independent student (and spouse, if married) will experience an overall income reduction of at least 20 percent after January 1, 2015. (Ex. Loss of income due to a job loss in 2014)

- Include termination letter, copy of last pay stub(s) (YTD), and a copy of your unemployment benefits

**II. ESTIMATED INCOME INFORMATION**

- Complete both of the sections below with income before exemptions, adjustments, or deductions that you or your family expect to receive from January 1, 2015 through December 31, 2015.
- Complete all items.
- If there will be no income in any specific category, write “**NONE**” in the income box for that category.

<b>2015 ESTIMATED GROSS TAXABLE INCOME</b>	Dependent Students Only:	Father	Mother
	Independent Students Only:	Student	Spouse
1. Wages, salaries, tips (include severance pay)		\$	\$
2. Pensions and annuities		\$	\$
3. Interest and dividends and capital gains		\$	\$
4. Business or farm income		\$	\$
5. Social Security benefits (taxable)		\$	\$
6. Income received from rents after expenses paid for mortgage interest, taxes, and insurance		\$	\$
7. Alimony		\$	\$
8. Unemployment compensation		\$	\$
9. Any other taxed income		\$	\$
<b>Total 2015 Estimated Taxed Income (1-9)</b>		\$	\$

<b>2015 ESTIMATED UNTAXED INCOME</b>	Dependent Students Only:	Father	Mother
	Independent Students Only:	Student	Spouse
1. Payment to tax deferred pension and savings plans (paid directly or withheld from earnings). Including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D,E,F,G,H and S		\$	\$
2. Deductible IRA and/or Keogh, SEP, and SIMPLE payments		\$	\$
3. Child Support received for all children		\$	\$
4. Tax exempt interest income		\$	\$
5. Untaxed portions of IRA distributions		\$	\$
6. Untaxed portions of pensions		\$	\$
7. Living and housing allowances (excluding rent subsidies for low income housing) for clergy, military and others (include cash payments or cash value of benefits)		\$	\$
8. Veteran’s Non-educational benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and /or VA Educational Work-Study allowances		\$	\$
9. Any other untaxed income and benefits such as Workers Compensation, disability, etc.		\$	\$
10. Cash support or money paid on behalf of the student or the family		\$	\$
11. Cash or any money paid on your behalf, not reported elsewhere on this form			
List Type:		\$	\$
List Type:		\$	\$
List Type:		\$	\$
<b>Total 2015 Estimated Untaxed Income (1-11)</b>		\$	\$

**THIS FORM WILL NOT BE REVIEWED WITHOUT REQUIRED DOCUMENTATION.**

- I certify that the information on this form is true and correct to the best of my knowledge and belief.
- I understand that if I underestimate 2015 income, I may lose eligibility for future aid and have to repay financial aid already received.

Student Signature \_\_\_\_\_  
 Parent Signature \_\_\_\_\_

Date \_\_\_\_\_  
 Date \_\_\_\_\_