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## SPECIAL CONSIDERATION REQUEST – DEPENDENT STUDENT 2015-2016

This form is used to request special consideration based on significant changes to the parent's financial circumstances as reported on the 2015-2016 FAFSA. Please read the listed categories and check the one most applicable to you. You must explain your circumstances in detail on this form and attach documentation confirming the situation. **If the explanation and required documentation are not provided, the request will be denied.**

STUDENT NAME: \_\_\_\_\_ SSN or Student ID: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Phone: \_\_\_\_\_

**BASIS FOR APPEAL:** (Check all that apply and explain circumstances on reverse side)

\_\_\_\_ A A parent/stepparent has lost his/her job.

Name of the person out of work \_\_\_\_\_

Last date of employment \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach documentation (i.e. a letter from the former employer) explaining why you are no longer employed full-time and a copy of both parents most recent pay stub(s). Indicate of the pay stub(s) how often they are paid (i.e. weekly, bi-weekly, monthly).

\_\_\_\_ B. A parent/stepparent can no longer work due to a disability.

Name of the person with the disability \_\_\_\_\_

Last date of employment \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach copy of last pay stub and documented proof of disability.

\_\_\_\_ C A parent/stepparent who received unemployment compensation or other untaxed income, whose benefit has now been terminated. Date income was terminated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provide third party documentation that includes date when benefit was terminated.

\_\_\_\_ D After applying for financial aid my parents/stepparents were separated or divorced.

Date of separation or divorce: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach a copy of the divorce decree if divorced or documentation of separate households (i.e., copies of separate leases, if separated)

\_\_\_\_ E You have applied for financial aid for 2015-2016 and since that time a parent has died.

Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach a copy of the death certificate.

\_\_\_\_ F High medical expenses (exceeds 7.5% of 2014 total income). These payments have not been and will not be, reimbursed by insurance.

Amount of payments \$ \_\_\_\_\_

Attach Schedule A of 2014 Federal Income Tax Return, Form 1040, and photocopies of payments made, or payment agreement entered into with the health provider.

\_\_\_\_ G Other, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SEE REVERSE SIDE**

**Required Documentation:** The documentation you attach should support your income estimates and should include, but are not limited to documents such as pay stubs, verification of unemployment compensation, worker's compensation, social security benefits, etc. If your appeal is due to a medical reason, please attach a doctor's statement. You may be asked to provide copies of pertinent medical bills. For loss of employment, attach a letter from the previous employer (on company letterhead) confirming the loss of employment and the date employment ended.

### ESTIMATE ANNUAL INCOME FOR THE 2015 CALENDAR YEAR.

List all income or benefits you expect to receive between January 1, 2015 and December 31, 2015. If a type of assistance does not apply to you, put \$0 on the line. **DO NOT LEAVE ANY BLANKS.** Report TOTAL amount expected for 2015. **DO NOT report monthly amounts.**

- |   |          |
|---|----------|
| 1. Parent(s) expected earnings in 2015:       |          |
| a. Father/stepfather:                         | \$ _____ |
| b. Mother/stepmother:                         | \$ _____ |
| 2. Unemployment compensation:                 | \$ _____ |
| 3. Untaxed pensions/annuities:                | \$ _____ |
| 4. Child support received for all children:   | \$ _____ |
| 5. Untaxed retirement or disability benefits: | \$ _____ |
| 6. Worker's compensation:                     | \$ _____ |
| 7. Veterans benefits (non-educational):       | \$ _____ |
| 8. Housing, other allowances (i.e.            |          |
| 9. Other (i.e. interest income):              | \$ _____ |
| <b>Total 2015 Family Income:</b>              | \$ _____ |
| Child Support Paid:                           | \$ _____ |

**EXPLANATION OF CIRCUMSTANCES:** (Attach additional paper as necessary):

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### DOCUMENTATION AND CERTIFICATION

Attach a **signed** photocopy of your and your parents' 2014 **federal** tax transcripts, include all W-2's and schedules.

To the best of my knowledge, all of the information on this form is true and complete. If asked by the Financial Aid Office, I agree to provide additional proof of the information given on this form. If this form is incomplete or lacks the required documentation, no action will be taken.

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

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**Return your complete form to the financial aid office at the campus you attend.**