

## 2018-2019 Special Circumstances Review Form

Student Last Name	First Name	Middle Initial	Redlands ID
Street Address	City	State	Zip
			Phone or Cell Phone Number

**NOTE: YOU MUST FILE (OR HAVE FILED) A 2018-2019 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) BEFORE YOUR APPEAL CAN BE CONSIDERED.**

This request is used to adjust the income reported on the 2018-2019 Free Application for Federal Student Aid (FAFSA) due to a change in circumstance during the calendar or academic year. In order to make adjustments to the FAFSA data, we must verify the original data was reported accurately. If your FAFSA has been selected for Federal verification, you must complete that process before we can review your appeal. Failure to submit required documentation will delay processing of this form. If you need assistance in completing this form, please contact us.

**ALL SPECIAL CIRCUMSTANCES MUST BE EXPLAINED IN WRITING WITH APPROPRIATE SUPPORTING DOCUMENTATION. THE FOLLOWING LIST HIGHLIGHTS APPROPRIATE DOCUMENTATION FOR EACH CASE. PLEASE GIVE SPECIFIC DATES AND REASONS AS TO WHEN AND WHY CHANGES OCCURRED AND LIST EVENTS IN CHRONOLOGICAL ORDER.**

**LOSS OF EMPLOYMENT** – Student/Parent was working during 2016, but is now working fewer hours or is unemployed.  
 PLEASE NOTE: We will not review a special circumstance due to loss of employment unless 3 months have passed since the last date of employment.

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| <ul style="list-style-type: none"> <li>✓ Include letter explaining change in circumstances</li> <li>✓ Include last check stub(s) from previous employer</li> <li>✓ Include letter from previous employer stating date of termination</li> </ul> | <ul style="list-style-type: none"> <li>✓ Include benefit or denial letter from employment</li> <li>✓ Include a signed copy of your 2016 1040 and W-2s</li> <li>✓ Include the latest statement of unemployment benefits received</li> </ul> |
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**DEDUCTION OF ONE-TIME PAYMENT** – Student/Parent received a ONE-TIME PAYMENT (pension, IRA, annuities, gambling winnings, settlement, capital gains, etc.)

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| <ul style="list-style-type: none"> <li>✓ Include letter explaining change in circumstances</li> <li>✓ Include explanation of how one-time payment was spent</li> </ul> | <ul style="list-style-type: none"> <li>✓ Include a signed copy of your 2016 1040 and W-2s</li> <li>✓ Include verification of the amount of the one-time payment</li> </ul> |
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**SEPARATION OR DIVORCE** – Parent/Student filed 2016 joint return, but has since separated or divorced.

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| <ul style="list-style-type: none"> <li>✓ Include letter explaining change in circumstances</li> <li>✓ Include documentation verifying separation or divorce (attorney letter, court documentation, etc.)</li> </ul> | <ul style="list-style-type: none"> <li>✓ Include a signed copy of your 2016 1040 and W-2s</li> </ul> |
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**DEATH OF A PARENT** – Parent passed away after the FAFSA was filed.

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| <ul style="list-style-type: none"> <li>✓ Include letter explaining change in circumstances</li> <li>✓ Include copy of Death Certificate</li> <li>✓ If joint return was filed for 2016, include documentation to show separate sources of income</li> </ul> | <ul style="list-style-type: none"> <li>✓ Include statement of death benefits received (amounts and duration)</li> <li>✓ Include a signed copy of your 2016 1040 and W-2s</li> </ul> |
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**UNUSUAL MEDICAL/DENTAL EXPENSES** – Student/Parent has unusual medical/dental expenses not covered by insurance, or Dependent/Elderly Care expenses.

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| <ul style="list-style-type: none"> <li>✓ Include letter explaining change in circumstances</li> <li>✓ Include copy of bill(s) AND receipt(s) of unreimbursed payments</li> </ul> | <ul style="list-style-type: none"> <li>✓ Include a signed copy of your 2016 1040 and W-2s.</li> <li>✓ Include detailed breakdown of expenses (elderly care, medical, etc.) &amp; Schedule A of taxes if filed</li> </ul> |
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**OTHER UNUSUAL CIRCUMSTANCES** – Student/Parent has other unusual circumstances not reflected in the FAFSA. The financial aid office can only consider adjustments to financial aid application data, so include as much numerical data as possible to explain your circumstance.

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| <ul style="list-style-type: none"> <li>✓ Include letter explaining change in circumstances</li> <li>✓ Include a signed copy of your 2016 1040 and W-2s</li> </ul> | <ul style="list-style-type: none"> <li>✓ Include any supporting documentation to verify your circumstances</li> </ul> |
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**ESTIMATED 2018 INCOME**

Provide your best estimate of the amounts you will receive from all sources (include taxable and non-taxable income) from January 1, 2018 to December 31, 2018. If completing this form after 12/31/2018, please provide calendar year 2018 totals only.

**PARENT(S) INFORMATION (DEPENDENT STUDENTS ONLY)**

Please indicate amounts for each category of income below. If no income in a category, write in "0".	Actual from 1/1/2018 to today	+	Projected from today through 12/31/2018	=	Projected total for year 2018
<b>TAXABLE INCOME</b>					
Parent 1's Earnings from Work (attach most recent pay stub)					
Parent 2's Earnings from Work (attach most recent pay stub)					
Taxable Interest Income					
Business/Farm Income					
Unemployment Compensation					
IRA Distributions (taxable portion only)					
Social Security Benefits					
Severance Pay					
Vacation & Sick Pay					
Other (describe):					
<b>Total Taxable Income</b>		+		=	
<b>UNTAXED INCOME</b>					
Workers' compensation / Disability Benefits					
Welfare benefits (AFDC/TANF)					
Child support received					
Payments to tax-deferred pensions/savings plans					
Deductible IRA and/or Keogh payments					
Tax exempt interest income					
Living allowances (as for military and/or clergy, etc.)					
Other (describe):					
<b>Total Untaxed Income</b>		+		=	

**STUDENT INFORMATION (AND STUDENT SPOUSE, IF MARRIED)**

Please indicate amounts for each category of income below. If no income in a category, write in "0".	Actual from 1/1/2018 to today	+	Projected from today through 12/31/2018	=	Projected total for year 2018
<b>TAXABLE INCOME</b>					
Student Earnings from Work (attach most recent pay stub)					
Spouse Earnings from Work (attach most recent pay stub)					
Taxable Interest Income					
Social Security Benefits					
Other (describe):					
<b>Total Taxable Income</b>		+		=	
<b>UNTAXED INCOME</b>					
Cash support or money paid on your behalf					
Tax exempt interest income					
Other (describe):					
<b>Total Untaxed Income</b>		+		=	

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student Signature \_\_\_\_\_ Please print form to sign \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Please print form to sign \_\_\_\_\_ Date \_\_\_\_\_ Parent email \_\_\_\_\_