

Student Financial Services

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Online File Submission: https://www.redlands.edu/sfs/filesubmission

2020-2021 Off Campus Special Circumstances Review Form

Due: March 2 nd , 2020								
Student Last Name	First Name	Middle	Initial	Redlands ID				
Street Address	City State	Zip		Phone or Cell Phone Number				
NOTE: YOU MUST FILE BEFORE YOUR APPEAL	(OR HAVE FILED) A 2020-2021 CAN BE CONSIDERED.	FREE APPLICA	TION FOR FEDE	ERAL STUDENT AID (FAFSA)				
year. In order to process your selected for Federal verification delay processing of this form. ALL SPECIAL CIRCUM DOCUMENTATION. THE	request to move off campus, we must n, you must complete that process bef if you need assistance in completing to sTANCES MUST BE EXPLAIME FOLLOWING LIST HIGHIC DATES AND REASONS AS TO THE STAND REASONS AS THE STAND REA	verify the original door we can review you his form, please con NED IN WRITIN LIGHTS APPRO	ata was reported ac our appeal. Failure tact us. IG WITH APPR PRIATE DOCU	to submit required documentation will OPRIATE SUPPORTING MENTATION FOR EACH CASE.				
PLEASE NOTE: We will date of employment. ✓ Include letter expla ✓ Include last check s	T – Student/Parent was working on not review a special circumstance sining change in circumstances stub(s) from previous employer previous employer stating date of	due to loss of emp ✓ In ✓ In ✓ In	ployment unless 3 clude benefit or der clude a signed copy	ver hours or is unemployed. It months have passed since the last hial letter from employment of your 2018 and 2019 1040 and W-2s ement of unemployment benefits				
gambling winnings, settler ✓ Include letter expla	TIME PAYMENT – Student/Parer ment, capital gains, etc.) ining change in circumstances n of how one-time payment was spent	✓ In	clude a signed copy	T (pension, IRA, annuities, of your 2018 and 2019 1040 and W-2s of the amount of the one-time payment				
✓ Include letter expla ✓ Include documenta	PRCE – Parent/Student filed 2018 ining change in circumstances tion verifying separation or divorce art documentation, etc.)			or divorced. y of your 2018 1040 and W-2s				
✓ Include letter expla ✓ Include copy of De	filed, include documentation to show	✓ In dı	ıration)	death benefits received (amounts and y of your 2018 and 2019 1040 and W-2s				

UNUSUAL MEDICAL/DENTAL EXPENSES - Student/Parent has unusual medical/dental expenses not covered by insurance, or Dependent/Elderly Care expenses.

- Include letter explaining change in circumstances
- Include copy of bill(s) AND receipt(s) of unreimbursed payments
- Include a signed copy of your 2018 and 2019 1040 and W2s.
- Include detailed breakdown of expenses (elderly care, medical, etc.) & Schedule A of taxes if filed

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.

- Include letter explaining change in circumstances
- Include a signed copy of your 2018 and 2019 1040 and W-2s

ESTIMATED 2020 INCOME

Parent Signature

Please indicate amounts for each category of

income below. If no income in a category,

PARENT(S) INFORMATION (DEPENDENT STUDENTS ONLY)

Provide your best estimate of the amounts you will receive from all sources (include taxable and non-taxable income) from January 1, 2020 to December 31, 2020. If completing this form after December 31, 2020, please provide calendar year 2020 totals only.

Projected from today through

12/31/2020

Projected total

for year 2020

Actual from

1/1/2020 to

write in "0".	today		12/31/2020		for year 2020
TAXABLE INCOME					
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):					
Total Taxable Income		+		11	
UNTAXED INCOME					
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):					
Total Untaxed Income		+		=	
STUDENT INFORMATION (AND STUDEN	T CDOLICE IE MAI	DDI	ED)		
Please indicate amounts for each category of		KKI			1
income below. If no income in a category,	Actual from	+	Projected from today through	=	Projected total
write in "0".	1/1/2020 to today		12/31/2020		for year 2020
TAXABLE INCOME					
Student Earnings from Work (attach most					
recent pay stub)		_		_	
Spouse Earnings from Work (attach most recent pay stub)					
Taxable Interest Income					
Social Security Benefits		1		1	
Other (describe):		1		1	
Call (debelles).	1	1		!	
Total Taxable Income		+		I =	
Total Taxable Income UNTAXED INCOME		+		=	
UNTAXED INCOME		+		=	
UNTAXED INCOME Cash support or money paid on your behalf		+		=	
UNTAXED INCOME Cash support or money paid on your behalf Tax exempt interest income		+		=	
UNTAXED INCOME Cash support or money paid on your behalf Tax exempt interest income Other (describe):				-	
UNTAXED INCOME Cash support or money paid on your behalf Tax exempt interest income		+		=	
UNTAXED INCOME Cash support or money paid on your behalf Tax exempt interest income Other (describe): Total Untaxed Income I (We) hereby affirm that all information reporte knowledge. I (We) understand that if I (we) rece		+		=	
UNTAXED INCOME Cash support or money paid on your behalf Tax exempt interest income Other (describe):	sign)	+	ed on incorrect information, I (we)	= nd ac will	

Date _

Parent email