

**Student Financial Services** 

Telephone: (909) 748-8047 Fax: (909) 335-5399 Email: sfs@redlands.edu
Web site: www.redlands.edu/sfs

Include a signed copy of your 2019 and 2020 1040 and W2s. Include detailed breakdown of expenses (elderly care,

medical, etc.) & Schedule A of taxes if filed

1200 East Colton Avenue, Redlands, CA 92373-0999

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

## **2021-2022 Off Campus Special Circumstances Review Form**

Student Last Name	First N	First Name		lle Initial	Redlands ID
Street Address	City	State	Zip		Phone or Cell Phone Number
NOTE: YOU MUST FILE ( BEFORE YOUR APPEAL O			REE APPLIO	CATION FOR	FEDERAL STUDENT AID (FAFSA)
year. In order to process your r selected for Federal verification delay processing of this form. It ALL SPECIAL CIRCUMS DOCUMENTATION. TH	equest to move off campus, you must complete that f you need assistance in constraints of the second	us, we must veri process before completing this f EXPLAINED ST HIGHLIG	ify the origina we can review form, please of DIN WRIT HTS APPR	al data was report was your appeal. Frontact us.  CING WITH A COPRIATE DO	ircumstances during the calendar or academic ted accurately. If your FAFSA has been ailure to submit required documentation will   APPROPRIATE SUPPORTING OCUMENTATION FOR EACH CASE. ANGES OCCURRED AND LIST
PLEASE NOTE: We will r date of employment.  ✓ Include letter explai  ✓ Include last check so		rcumstance due inces iloyer	e to loss of e	employment un Include benefit Include a signe	ng fewer hours or is unemployed.  eless 3 months have passed since the last  or denial letter from employment d copy of your 2019 and 2020 1040 and W-2s est statement of unemployment benefits
DEDUCTION OF ONE T	ME DAVMENT Sto	dant/Darant ra	anivad a ON	IE TIME DAV	MENT (pension, IRA, annuities,
gambling winnings, settlen ✓ Include letter explai		) inces	✓ ✓	Include a signe	d copy of your 2019 and 2020 1040 and W-2s ation of the amount of the one-time payment
SEPARATION OR DIVO	RCE – Parent/Student	filed 2019 ioir	nt return, but	has since sepa	arated or divorced.
✓ Include letter explai ✓ Include documentat	ning change in circumstation verifying separation or the documentation, etc.)	nces	√	Include a signe	d copy of your 2019 and 2020 1040 and W-2s
DEAEL OF A DADENE	D 1 1	C 1 FARC	C'1 1		
✓ Include copy of Dea	ning change in circumstanth Certificate (led, include documentation)	nces	A was filed.	duration)	ent of death benefits received (amounts and d copy of your 2019 and 2020 1040 and W-2s
UNUSUAL MEDICAL/DI	ENTAL EXPENSES –	Student/Parer	nt has unusu	al medical/den	tal expenses not covered by insurance, or
Dependent/Elderly Care ex					- · ·

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

payments

Include letter explaining change in circumstances

Include copy of bill(s) AND receipt(s) of unreimbursed

✓ Include a signed copy of your 2019 and 2020 1040 and W-2s

## **ESTIMATED 2021 INCOME**

Please indicate amounts for each category of

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, 2021 to December 31, 2021. If completing this form after December 31, 2021, please provide calendar year 2021 totals only.

Actual from

Please indicate amounts for each category of income below. If no income in a category, write in "0".	Actual from 1/1/2021 to today	+	Projected from today through 12/31/2021	=	Projected total for year 2021
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		+		=	
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					
Total Ultaxed Income		+		=	
STUDENT INFORMATION (AND STUDEN	T SPOUSE, IF MA	RRII	ED)		
Please indicate amounts for each category of	Actual from		Projected from today through		Projected total
income below. If no income in a category,	1/1/2021 to today	+	12/31/2021	=	for year 2021
write in "0".	1, 1, 2021 to tour,		12/01/2021		101 year 2021
TAXABLE INCOME Student Earnings from Work (attach most					
recent pay stub)					
Spouse Earnings from Work (attach most					
recent pay stub)					
Taxable Interest Income		1		1	
Social Security Benefits					
Other (describe):					
Total Taxable 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 required to pay fines and fees.	ive federal student aid	d bas	ed on incorrect information, I (we)	will	need to repay it; I (we) may be
Student Signature			Date		
Parent Signature	Data		Darant amail		