

**Pacific Lutheran University**  
**2024-25 Special Circumstances Form: Reduction/Loss of Income**

**Instructions:** If your current income is much lower than your 2022 income, please complete and submit this form along with a letter of explanation and supporting documentation.

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Household income lower in 2023 or 2024 due to (Check all that apply):**

- ☐ Change in employment, including change of employer, reduction in wages, retirement, job loss, etc (attach paystubs, termination notice, unemployment benefits statement, etc)
- ☐ Loss of income due to death, divorce, separation (attach death certificate, divorce decree, etc)
- ☐ Termination of child support or alimony (attach tax returns for alimony/spousal support change)
- ☐ 2022 income included one-time only income (attach 2022 tax return)
- ☐ Other

Actual Income 2023 (1/1/23 - 12/31/23)		Estimated Income 2024 (1/1/24 - 12/31/24)	
Type of Income (Parent)	Amount	Type of Income (Parent)	Amount
Parent 1 Gross Earnings (attach 2023 tax return and W-2s)		Parent 1 Gross Earnings (attach most recent 2024 paystubs)	
Parent 2 Gross Earnings (attach 2023 tax return and W-2s)		Parent 2 Gross Earnings (attach most recent 2024 paystubs)	
Other taxable income (unemployment, disability, etc)		Other taxable income (unemployment, disability, etc)	
Other untaxed income (untaxed pension, housing allowance, etc)		Other untaxed income (untaxed pension, housing allowance, etc)	
Type of Income (Student)	Amount	Type of Income (Student)	Amount
Student Gross Earnings (attach 2023 tax return and W-2s)		Student Gross Earnings (attach most recent 2024 paystubs)	
Spouse Gross Earnings (attach 2023 tax return and W-2s)		Spouse Gross Earnings (attach most recent 2024 paystubs)	
Other taxable income (unemployment, disability, etc)		Other taxable income (unemployment, disability, etc)	
Other untaxed income (untaxed pension, housing allowance, etc)		Other untaxed income (untaxed pension, housing allowance, etc)	

**Signatures**

I affirm that the information provided is true and accurate to the best of my knowledge.

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

\_\_\_\_\_  
Date

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

(required if based on parental income)

\_\_\_\_\_  
Date

Please upload completed and signed documents directly to our secure portal:

<https://etcentral.plu.edu/#/form/19>

**Pacific Lutheran University**  
**2024-25 Special Circumstances Form: Extraordinary Expenses**

**Instructions:** If you have faced extraordinary expenses since 2022, please complete and submit this form along with a letter of explanation and supporting documentation.

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Check all that apply:**

- ☐ I will have another child in college in 2024-25 and have attached documentation of enrollment and annual net costs of \$ \_\_\_\_\_. Acceptable documentation includes letter of admission, copy of class schedule, financial aid award letter, or copy of term bill.
- ☐ I will have a child enrolled in private elementary and/or secondary schooling for 2024-25 and have attached documentation for tuition costs of \$ \_\_\_\_\_. Be sure this documentation lists your out-of-pocket cost after scholarships and grant.
- ☐ I have attached documentation of the support provided to the following family member in 2024 in the amount of \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2024. (This person CANNOT be included in the family size on FAFSA).
- ☐ Grandparent or grandchild   ☐ foreign exchange student  
☐ special needs adult child   ☐ family members out of country
- ☐ I have attached documentation of out-of-pocket home repair costs (not covered by insurance) of \$ \_\_\_\_\_ due to a natural disaster that will be paid in 2024.
- ☐ I have attached documentation of \$ \_\_\_\_\_ in out-of-pocket medical/dental expenses (not covered by insurance) that will be paid in 2024. Be sure to include the amount paid out-of-pocket or deducted from your paycheck for medical/dental insurance premiums (not covered by your employer).

**Signatures**

I affirm that the information provided is true and accurate to the best of my knowledge.

Student Signature	Date	Parent Signature (required if based on parental expenses)	Date
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<https://etcentral.plu.edu/#/form/19>