



**2017-18 Special Circumstances Request Form: Undergraduate Students Only\***  
**Based on a Reduction/Loss of 2016 or 2017 Income (Accepted only until May 1, 2018)**

Student's Name \_\_\_\_\_

PLU ID \_\_\_\_\_

Email address \_\_\_\_\_

The 2017-18 FAFSA calculates the Expected Family Contribution (EFC) based on your reported 2015 income and does not provide an opportunity to share information about your 2016 or 2017 income when that income will be significantly less. We can consider these changes in income on this form **with supporting documentation**. Our ability to modify your award offer will depend on the availability of funds and the extent to which your circumstances reduce your FAFSA's Expected Family Contribution (EFC). Please check the circumstances that apply to you and provide the information and documentation requested for both 2016 and 2017 below, regardless of when the reduction occurs. **No action will be taken on your request unless documentation accompanies your request.**

**1. Family income is expected to decline in 2016 or 2017 due to:** (check all that apply)

- Change in employment: change of employer, reduction in wages or hours, retirement, unemployed, etc. (attach pay stub, termination of employment letter, unemployment benefits statement, etc.)
- Disability (please attach benefits statement)
- Loss of wage earner due to death, divorce, or separation (attach copy of death certificate, divorce decree)
- Termination of child support or alimony (attached tax returns for alimony/spousal support changes)
- 2015 income included a one-time only income (attach 2015 tax return and explain below in 4.)
- Other (explain in space provided below in 4.)

**2. ACTUAL Income for 2016** (1/1/2016 through 12/31/2016):

Gross earnings/wages of Parent 1:  
 (Attach 2016 Tax return, W-2s if did not file) \$ \_\_\_\_\_

Gross earnings/wages of Parent 2:  
 (Attach 2016 Tax return, W-2s if did not file) \$ \_\_\_\_\_

Other taxable income of parent(s):  
 (alimony, unemployment, capital gains, disability, etc.) \$ \_\_\_\_\_

Other untaxed income of parent(s):  
 (child support, untaxed pension, housing allowance for military/clergy, etc.) \$ \_\_\_\_\_

**3. ESTIMATED Income for 2017** (1/1/2017 through 12/31/2017)

Gross earnings/wages of Parent 1:  
 (Attach most recent 2017 pay stubs) \$ \_\_\_\_\_

Gross earnings/wages of Parent 2:  
 (Attach most recent 2017 pay stubs) \$ \_\_\_\_\_

Other taxable income of parent(s):  
 (alimony, unemployment, capital gains, disability, etc.) \$ \_\_\_\_\_

Other untaxed income of parent(s):  
 (child support, untaxed pension, housing allowance for military/clergy, etc.) \$ \_\_\_\_\_

Student's gross earnings/wages:  
 (Attach 2016 Tax return, W-2s if did not file) \$ \_\_\_\_\_

Spouse's gross earnings/wages:  
 (Attach 2016 Tax return, W-2s if did not file) \$ \_\_\_\_\_

Student's/Spouse's other taxable income:  
 (alimony, unemployment, capital gains, disability, etc.) \$ \_\_\_\_\_

Student's/Spouse's other untaxed income:  
 (such as child support, housing allowance for military or clergy, etc.) \$ \_\_\_\_\_

Student's gross earnings/wages:  
 (Attach most recent 2017 pay stubs) \$ \_\_\_\_\_

Spouse's gross earnings/wages:  
 (Attach most recent 2017 pay stubs) \$ \_\_\_\_\_

Student's/Spouse's other taxable income:  
 (alimony, unemployment, capital gains, disability, etc.) \$ \_\_\_\_\_

Student's/Spouse's other untaxed income:  
 (such as child support, housing allowance for military or clergy, etc.) \$ \_\_\_\_\_

**4. Please provide any additional information that might clarify or support your request. Add another page if necessary.**

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

I/We affirm that the information provided on this form is true and figures provided are accurate to the best of my/our ability.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

(required if adjustment is for parents' income)

Date \_\_\_\_\_

\* Unless you are a graduate student in the Masters of Arts in Education program, a reduction to your EFC will not be of benefit to you as there are no need-based aid programs currently offered in the other graduate programs.

See reverse side for possible adjustment, based on extraordinary expenses.



# 2017-18 Special Circumstances – Extraordinary Expenses

Student's Name \_\_\_\_\_

PLU ID \_\_\_\_\_

Email address \_\_\_\_\_

The 2017-18 FAFSA calculates the Expected Family Contribution (EFC) based on a federal formula that assumes families spend an average amount for "normal living expenses" based on household size. This form allows you to tell us about your living expenses when they exceed those average costs, which may therefore impact your ability to contribute to your student's educational costs. We can consider these extraordinary costs on this form **with supporting documentation**. Our ability to modify your award offer will depend on the availability of funds and the extent to which your extraordinary expenses reduce your FAFSA's Expected Family Contribution (EFC). Please check the circumstances that apply to you and provide the information and documentation requested. **No action will be taken on your request unless documentation accompanies your request.**

I have attached documentation of tuition costs for private elementary and/or secondary schooling for the 2017-18 academic year of \$ \_\_\_\_\_ Be sure this statement lists the family's out-of-pocket cost (AFTER any discount, scholarship or financial assistance provided).

I have attached documentation of the support provided to the following family member in 2017 of \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2017. (This person **CANNOT** be included in the household size on your 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 2017.

I have attached documentation of \$ \_\_\_\_\_ in **out-of-pocket** medical/dental expenses (not covered by insurance) that will be paid in 2017. Be sure to include the amount paid out-of-pocket for medical/dental insurance premiums (not covered by your employer).

**Please provide any additional information that might clarify or support your request. Add another page if necessary.**

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

I/We affirm that the information provided on this form is true and figures provided are accurate to the best of my/our ability

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

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

(required if adjustment is for parents' expenses)

Date \_\_\_\_\_