



2020-21 Special Circumstances Request Form: Undergraduate Students Only*
Based on a Reduction/Loss of 2019 or 2020 Income (Accepted only until May 1, 2021)

Student's Name _____

Email address _____

The 2020-21 FAFSA calculates the Expected Family Contribution (EFC) based on your reported 2018 income and does not provide an opportunity to share information about your 2019 or 2020 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 2019 and 2020 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 2019 or 2020 due to: (Check all that apply and explain in #4 below.)

- 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)
- 2018 income included a one-time only income (attach 2019 tax return and explain below in #4.)
- Other (explain in space provided below in #4.)

2. ACTUAL Income for 2019 (1/1/2019 through 12/31/2019):

Gross earnings/wages of Parent 1:
 (Attach 2019 Tax return, W-2s if did not file) \$ _____

Gross earnings/wages of Parent 2:
 (Attach 2019 Tax return, W-2s if did not file) \$ _____

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

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

3. ESTIMATED Income for 2020 (1/1/2020 through 12/31/2020)

Gross earnings/wages of Parent 1:
 (Attach most recent 2020 pay stubs) \$ _____

Gross earnings/wages of Parent 2:
 (Attach most recent 2020 pay stubs) \$ _____

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

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

Student's gross earnings/wages:
 (Attach 2019 Tax return, W-2s if did not file) \$ _____

Spouse's gross earnings/wages:
 (Attach 2019 Tax return, W-2s if did not file) \$ _____

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

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

Student's gross earnings/wages:
 (Attach most recent 2020 pay stubs) \$ _____

Spouse's gross earnings/wages:
 (Attach most recent 2020 pay stubs) \$ _____

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

Student's/Spouse's other untaxed income:
 (such as child support, alimony, 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.



2020-21 Special Circumstances – Extraordinary Expenses

Student's Name _____

Email address _____

The 2020-21 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 2020-21 academic year of \$_____ Be sure this statement lists the family's out-of-pocket cost (AFTER any tuition discount, scholarship or financial assistance provided).

I have attached documentation of the support provided to the following family member in 2020 of \$_____ per month for _____ months in 2020. (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 2020.

I have attached documentation of \$_____ in **out-of-pocket** medical/dental expenses (not covered by insurance) that will be paid in 2020. 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.)

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 _____