

## SPECIAL CIRCUMSTANCES SUPPLEMENTAL APPLICATION 2018-2019 AWARD YEAR



STUDENTS NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

The Financial Aid Office at Danville Area Community College requires that you **write a brief paragraph** explaining why you feel your situation warrants a reevaluation of your information for Federal Student Assistance Programs. You must also supply supporting documentation to your claim and complete this application thoroughly.

**Write a statement and attach it to this form, explaining the circumstances of your situation.** You must give dates to substantiate your information as well as return the proper forms that are related to your situation. You will be required to furnish your 2016 tax transcript, verification documents, and this form (be sure to complete the back of this form). If basing the request on calendar year 2017, your federal tax return and any other resources will need to be documented.

If basing the request on calendar year 2018 estimate your resources as accurately as possible to avoid the need to correct information back to the original base-year income eligibility. A reversal of the Special Conditions may result in you (the student) owing money back to the financial aid programs.

**You will be required to submit your 2017 federal tax return after filing (and if applicable 2018).**

**DOCUMENTATION REQUIRED** (Depending on Circumstance you indicate, check A, B, C, D, or E):

\_\_\_A. **Involuntary** Unemployment or change in employment

1. 2016 Tax Return Transcript and Income worksheet (2017 also needed if the event occurred in 2018)
2. Name, address, telephone number of former employer
3. Reason for loss of employment (from employer or State Unemployment office)
4. Check stub showing earnings to date
5. Verification of unemployment - and unemployment compensation (or fact not eligible for compensation)
6. Verification of disability and benefit (if applicable)

\_\_\_B. Death of a spouse or parent

1. Copy of death certificate
2. How income for 2017 and/or 2018 will be affected
3. Benefits to be received in 2017 and/or 2018 applicable (including insurance and/or "lump" sums)
4. 2017 tax return transcript
5. Copy of all W2's reported on 2016 and 2017 tax return transcript

\_\_\_C. Divorce or separation of student or parent

1. Copy of separation or divorce decree (or statement from a lawyer) showing date of separation or divorce.
2. Income received for 2017 or to be received in 2018 (child support, alimony, etc.)
3. 2017 tax return transcript

\_\_\_D. Unusual medical and dental **paid** expenses your family **has paid** (must be above 11% Income allowance)

1. Document any medical or dental bills **not** paid by insurance in 2017 and 2018
2. You may submit canceled checks, bills, statements, etc.
3. 2016 and 2017 1040, schedule A

\_\_\_E. Any "other" situation you feel has warranted that you be considered for special conditions.

1. 2017 and 2018 tax return transcript
2. Non-recurring income, disability (Documented proof to support situation)

**(NOTE: Please complete Income Worksheet on the back, below)**

All students requesting this consideration *after* January 1, 2018, will be **required** to submit their Year 2017 Federal Tax Return **before** a special circumstances will be considered in addition to documentations listed above.

**INCOME WORKSHEET**

**WARNING: If you purposely give false or misleading information on this form, a \$10,000 fine, prison sentence, or both may result. This would be considered a federal offense.** Choose section A or B depending on the calendar year you wish to be considered than complete section C. (Please print)

STUDENT NAME: \_\_\_\_\_ STUDENT ID NO. \_\_\_\_\_

Complete this form with parent information if you are a **DEPENDENT** student or with your information if you are an **INDEPENDENT** student (and spouse if married). You are considered **DEPENDENT** if parent (s) information was *required* on your financial aid application (FAFSA) when you originally applied for financial aid this award year.

**A. Actual 2017 INCOME AND BENEFITS FROM JAN. 1, 2017 TO DEC. 31, 2017**

<u>Breakdown of Resources</u>	STUDENT	PARENT (S) (Or Spouse)	
<b>2017 Taxed Income</b>			
A. Work (wages)	_____	_____	
B. Alimony Received	_____	_____	
C. Unemployment	_____	_____	
D. 401K (not rolled over)	_____	_____	
E. Severance Pay	_____	_____	
<b>2017 Untaxed Income and Benefits</b>			
F. Social Security	_____	_____	
G. TANF	_____	_____	
H. Child Support Received	_____	_____	
I. Veteran's Benefits (non-educational)	_____	_____	
J. Other Untaxed income and benefits (Insurance, Workmen's Compensation, etc.)	_____	_____	List Source _____
<b>TOTALS (A through J)</b>	\$ _____	\$ _____	
Exclusion: Child Support <i>Paid</i>	_____	_____	

**B. Estimated 2018 Income and Benefits Jan 1, 2018 to Dec 31, 2018**

<u>Breakdown of Resources</u>	STUDENT	PARENT (S) (Or Spouse)	
<b>2018 Taxed Income</b>			
A. Work (wages)	_____	_____	
B. Alimony Received	_____	_____	
C. Unemployment	_____	_____	
D. 401K (not rolled over)	_____	_____	
E. Severance Pay	_____	_____	
<b>2018 Untaxed Income and Benefits</b>			
F. Social Security	_____	_____	
G. TANF	_____	_____	
H. Child Support Received	_____	_____	
I. Veteran's Benefits (non-educational)	_____	_____	
J. Other Untaxed income and benefits (Insurance, Workmen's Compensation, etc.)	_____	_____	List Source _____
<b>TOTALS (A through J)</b>	\$ _____	\$ _____	
Exclusion: Child Support <i>Paid</i>	_____	_____	

**C. Certification:** All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to submit proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S., State, or Local tax return. I understand that if I have grossly underestimated my expected income I **MAY have to REPAY financial aid funds awarded back to the appropriate program.** (Provide applicable signatures below.)

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

\_\_\_\_\_  
Spouse's Signature (if applicable)      Date

\_\_\_\_\_  
Parent 1 Signature (if applicable)      Date

\_\_\_\_\_  
Parent 2 Signature (if applicable)      Date

***** OFFICE USE ONLY *****		
PROCESSED: _____	NOTICE TO STUDENT: _____	NEW EFC: _____
FAA COMMENTS/SIGNATURE: _____		