## Special Circumstances - Student Income Adjustment

## 2017-2018

STUDENT LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			
PHONE:		E-MAIL:	

If you are selected for verification by the Department of Education, we are unable to complete this request at this time, until the requested documentation has been submitted and reviewed.

The 2017-2018 financial aid awards are based on 2015 calendar year income and resources. In some cases, special circumstances may qualify for a re-evaluation of financial need. This re-evaluation is performed using financial data corresponding to either the 2017 calendar year or the 2017-2018 academic year. We <u>cannot</u> decrease your income due to <u>market losses</u> or <u>credit payments</u> due to <u>consumer debt</u>.

Marital status is based on the date the FAFSA was filed and cannot be updated. If the change in marital status was a correction due to error, you must attach supporting documentation showing the correct date of marital status as of the original date the FAFSA was completed. Examples include divorce decree, marriage certificate or legal separation agreement.

Any changes to financial aid awards will be contingent on the type of funds available and eligibility policies and regulations. It is highly recommended that you attach a copy of your most recent IRS tax return or IRS tax return transcript. Allow up to <u>four weeks</u> for processing. This timeframe may vary depending on the time of the year and volume of requests our office receives.

## SUPPORTING DOCUMENTATION IS REQUIRED.

Section 1 – Required	Student Spousal Information
I am NOT married	information below)
Spouse's Full Name:	
<ul><li>Spouse is a Student</li><li>Spouse is NOT a Student</li></ul>	UA Student ID (if Applicable):nnt
Section 2 – Required	<b>Statement of Circumstance</b> (Briefly explain the reason(s) for the reduction of your resources)

THIS FORM IS CONTINUED ON THE SECOND PAGE.





Section 3	Verification of Unusual & Necessary Expenses	
Circumstances		Expense Amount
Medical treatment: pr medical facilities, stipula insurance or deducted or	\$	
<b>Private education tuition (K-12):</b> provide a copy of your tuition statement that includes total tuition cost as well as any financial assistance received.		\$
Tax liens: provide state monthly payment amoun	\$ /mo	
Court ordered paymen	\$ /mo	
Other, please describe		\$

Section 4	Verification of Income Reduction					
Circumstances	Circumstances					
<b>Unemployment:</b> provide a copy of your employment separation letter, including verification of severance pay or retirement benefits (or the lack thereof), <b>and</b> a copy of a letter or statement establishing the amount of your eligibility for unemployment benefits.						
<b>Disability or Injury:</b> provide copies of statement(s) reflecting your eligibility for benefits, monthly amount received and start and end dates of payments.				\$ /mo		
<b>Loss of Other Income:</b> provide a copy of your termination notice of other income (e.g., social security benefits, trust payments, alimony, child support).				\$		
<b>Report of One Time Income:</b> provide a copy of your 2015 1099-R or other financial statement of one time income (e.g., early IRA distribution, conversions and rollovers).				\$		
<b>Death of Spouse:</b> provide the date of the event, and copies of supporting documentation or certificates. <b>Divorce or Separation:</b> Marital status is based on the date the FAFSA was originally filed and can only be corrected not updated. <i>To verify the income reported on the 2017-2018 FAFSA for all sections below, please log into www.fafsa.ed.gov</i>						
	, , , , , , , , , , , , , , , , , , ,	Income reported on 2017-2018 FAFSA		inancial Situation		
Income earned from work b	by <b>student</b> :	\$	\$			
Income earned from work b	by <b>spouse</b> :	\$	\$			
unemployment, alimony, taxa	vidend income, rental income, ble portion of social security or mized list to include the source	\$	\$			
retirement income, child sup stamps), worker's compens reported on this form. Attach	enefits: portion of social security or port, welfare benefits (not food ation, and other income not an itemized list to include the l contains more than one type.	\$	\$			

Section 5 - Required	Student Certification		
I certify that the above is based on the best information available at this time. I understand that additional documentation			
may be required to clarify my/our circumstances.			
Student Signature		Date	



