

C) RETIRED	D) DEATH OF PARENT OR SPOUSE
Adjustments may be allowed for an independent student, an independent student's spouse, or a dependent student's parent(s).	Adjustments may be allowed for death of an independent student's spouse, or a dependent student's parent(s).
1. Name of retired person _____ 2. Date of retirement _____ 3. Date pension began _____ 4. Monthly amount of pension \$ _____ This pension is _____ taxed _____untaxed (check one) 5. Date Social Security benefits began _____ 6. Monthly amount of Family's Social Security benefits \$ _____ 7. Earnings in prior year to retirement \$ _____	1. Name of deceased person _____ 2. Date of death _____ 3. Date Social Security benefits began _____ 4. Monthly amount of family's Social Security benefits \$ _____ 5. Life Insurance proceeds received or to be received \$ _____
Required Documentation	Required Documentation
<u>Federal Verification must be completed prior to special circumstances reviews- Contact the office for details.</u>	<u>Federal Verification must be completed prior to special circumstances reviews- Contact the office for details.</u>
<ul style="list-style-type: none"> • Copy of pension and/or social security documentation indicating start date and benefit amount 	<ul style="list-style-type: none"> • Copy of death certificate(s) • Copy of life insurance proceeds and/or Social Security benefits documentation
E) DIVORCED/SEPARATED	F) LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS
Adjustments may be made if the applicant or the student's parents have divorced or separated after filing the Free Application for Federal Student Aid (FAFSA).	Adjustments may be made if the applicant, the applicant's spouse or parent, received untaxed income or unemployment benefits but has lost the benefit.
1. Date of separation _____or divorce _____ 2. Date alimony payments began _____ 3. Weekly amount of alimony \$ _____ 4. Date child support began _____ 5. Weekly amount of child support received for all children \$ _____	1. Name of person who lost benefits _____ 2. Type of benefit lost _____ 3. Effective date _____ 4. Total amount received in prior year \$ _____ 5. Total amount received in current year \$ _____
Required Documentation	Required Documentation
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<ul style="list-style-type: none"> • Copy of divorce decree or separation agreement documenting the following; separate addresses for parties seeking legal action, custody information, alimony information, and child support information. • For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. 	<ul style="list-style-type: none"> • Copy of benefits cancellation letter.
H) UNREIMBURSED PAID MEDICAL EXPENSES	
Out of Pocket medical expenses which occurred in prior year	
Name of person(s) incurring in the medical bills _____	
Required Documentation	
<u>Federal Verification must be completed prior to special circumstances reviews- Contact the office for details.</u>	
<ul style="list-style-type: none"> • Submit a copy of Schedule "A." • If no schedule "A" was filed, submit a list (please be clear and specific) of unreimbursed paid medical expenses and attached copies of cancelled checks (front and back), receipts, or a statement from insurance company indicating the amount of unreimbursed expenses to support the provided list. Provide a total of the expenses. 	

Please attach a 1 page summary of the reason for the request of a special circumstance. If you need more space than the above provided area. Please be detailed in your claim.

PLEASE RETURN THIS FORM AND ITS ATTACHMENTS TO THE FINANCIAL AID OFFICE ONLY

I/ we hereby certify that the information on this form is true and correct to the best of my/our knowledge.

Student's signature

Date

Parent's signature (if dependent)

Date