This form is used to re-evaluate your eligibility for 2018-19 financial aid, in cases where there have been **involuntary changes** in your parent's income or employment, a recent divorce, death, disability, or other unplanned circumstances that have changed the total income of the family. A re-evaluation is not an assurance that you will qualify for more or additional need-based aid. A professional judgment to adjust your FAFSA information is done on a case-by-case basis when all supporting documentation is submitted. *Please allow up to four weeks for a review.*

The Free Application for Federal Student Aid (FAFSA) for 2018-2019 required you to report actual income information from **2016**. If your family circumstances have substantially changed since then, reducing your ability to contribute to your educational expenses, you can request a review of your special circumstances. You will need to provide collaborating evidence of the change and complete the "anticipated" **2018** income for the parent(s) who experienced the income reduction. If you are reporting a parental wage loss, please wait until you can reasonably anticipate the new 2018 income, including unemployment and/or severance pay.

Special circumstance adjustments for job reduction or loss are subject to change if the income you anticipate for 2018 is not accurate. Please wait to complete your appeal until you are reasonably certain of your parent's projected income for 2018, including unemployment.

Some reasons include:
- (a) Unemployment or retirement of a parent
- (b) Death or disability of a parent
- (c) Separation and Divorce
- (d) Loss of untaxed income or child support
- (e) Unusual medical expenses (in excess of 11% of AGI)

If your family circumstances fall within one or more of these criteria, please follow these instructions:

1. COMPLETE THE SPECIAL CIRCUMSTANCES FORM FOR DEPENDENT STUDENTS.

2. FURNISH THIS OFFICE WITH <u>SUPPORTIVE DATA</u> FROM THE APPROPRIATE PERSON(S) OR AGENCY(IES) ON THEIR LETTERHEAD STATIONARY.

   For example:
   Disability of a wage earner should be supported by a letter from a doctor indicating date of disability, and any other information pertinent to the disability. Also, a statement from each source of income indicating the amount provided per week or month and the duration of support.

   Supportive data may involve a statement from a doctor, a lawyer, or employer, Government Unemployment Office, Social Security Office, Death Certificate or any other pertinent documentation.

3. IF YOU HAVE NOT ALREADY DONE SO, YOU MUST SUBMIT VERIFICATION OF YOUR 2016 INCOME ON THE FAFSA. Verification requirements are met by using the IRS Data Retrieval on the FASFA or by submitting a copy of the Tax Return Transcript for 2016, and completing a Verification for Dependent Student form for 2018-19.

If you have any questions concerning this form, its completion and/or the supportive data required, *please request assistance from a LSSU Financial Aid Officer by calling 906-635-2678.*

DEPENDENT STUDENT

<u>Special Circumstance Form</u>

Student Name	ID #

Please complete form in blue or black ink. Incomplete forms will not be accepted.

If your family's income has been reduced for one of the reasons given below, you should complete this form and return it to the **Lake Superior State University, Financial Aid Office, 650 West Easterday Ave., Sault Ste. Marie, MI, 49783,** for further consideration of your 2018-19 financial aid. If you are unable to estimate the total income your family will receive from **January 1, 2018 until December 31, 2018**, at this time, keep this form until you can provide an accurate estimate.

Please wait to appeal until you are reasonably certain of your projected income for 2018, including unemployment.

1. Please review the sections below and indicate which explanation(s) applies to the reason(s) your family's **2018** income will be reduced.

    ❑ Divorce of Parents (since date of filing the 2018-19 FAFSA)

       ❑ **SUBMIT COPY OF DIVORCE JUDGEMENT & PARENT'S W2s from 2016 AND 2017**

    ❑ Death of Parent (death must have occurred **on or after** January 1, 2017).

       Date: _____ / _____ / _____   _____
              Month / Day / Year   **Relationship**
       ❑**SUBMIT COPY OF DEATH CERTIFICATE**

    ❑ Permanent and total disability of parent (must have occurred **on or after** January 1, 2017).

       Date: _____ / _____ / _____   _____
              Month / Day / Year   **Relationship**

    ❑ Parent has retired; been unemployed or under-employed for *at least two full months* or will experience a change in employment status due to enrollment in a post secondary institution. MUST HAVE DOCUMENTATION FROM EMPLOYER such as termination letter, layoff notice, final paystub, new paystub from current job, unemployment benefits notice, etc.

       Date: _____ / _____ / _____   _____
              Month / Day / Year   **Relationship**
       ❑ **YOU MUST INCLUDE A COPY OF YOUR PARENT(S) 2017 FEDERAL INCOME TAX FORM**
          If the change occurred in 2017, and related W2 forms, AND
       ❑ **YOUR 2018-19 VERIFICATION WORKSHEET FOR DEPENDENT STUDENTS.**

    ❑ Untaxed income has ceased or been reduced. Source of untaxed income _____ .

       Date: _____ / _____ / _____
              Month / Day / Year

    ❑ Unusual medical expenses in excess of 11% of adjusted gross income.
       Must include receipt of all bills paid out-of-pocket in 2016 **or** 2017, per IRS definition of allowable medical expenses.
       Summary statement of total family medical expenses <u>paid</u> for the year is required.

2. You must provide an explanation detailing <u>all</u> reasons your family's 2018 income will be reduced and complete the rest of the form. (attach a separate sheet of explanation if needed)

    _____
    _____
    _____
    _____

3. **Include** third party documents to support your request; e.g. Death Certificate, Termination Letter, Complaint for Divorce or Divorce Judgment. **This request must be SUBMITTED WITH THIRD PARTY DOCUMENTATION**.
    NOTE: If you are reporting a change in taxable income, even if you filed the FAFSA with the IRS Data Retrieval tool,
         Federal 1040 Tax Return Transcript or a copy of the IRS 1040 Tax Return Form (all pages) for 2016 is required.

For the parent whose income has changed, please carefully complete the Estimated 2018 Income section by reporting the income already received in 2018, as well as the funds you anticipate receiving for the remainder of 2018. If your actual income for 2018 is higher than your estimates, you must submit corrected information promptly. Your student will be responsible for repaying any financial aid funds received from this re-evaluation if the information provided is not reasonably accurate. Please estimate income ONLY for the parent whose circumstances are changing due to one of the "special circumstances" reported.

4. **Complete** either the Mother's or Father's income change (Gross Taxed and Untaxed) below with income prior to exemptions, adjustments, or deductions; you expect to receive from **January 1, 2018 until December 31, 2018.**
IF NONE, ENTER "0".

TOTAL 2018 Estimated Gross Taxable Income	Mother's Anticipated Income 2018	O R	Father's Anticipated Income 2018
1. Wages, salaries, tips (received to date in 2018) **PLUS** anticipated Wages for the remainder of 2018	$ Rec'd '18 + $ Expected		$ Rec'd '18 + $ Expected
2. Severance pay	$		$
3. Pensions and annuities for 2018	$		$
4. Interest and dividend income anticipated for 2018	$		$
5. Business or farm income anticipated for 2018	$		$
6. Capital gains anticipated for 2018	$		$
7. Income received from rents after expenses paid for mortgage interest, taxes, and insurance	$		$
8. Alimony which will be received in 2018	$		$
9. Unemployment Compensation (State and/or SUB) Received to date & anticipated for remainder of 2018	$		$
10. Any other taxed income, including Social Security	$		$
Total Estimated 2018 Gross Taxable Income	$		$

TOTAL 2018 Estimated Untaxed Income	Mother's Anticipated Untax. Income 2018	O R	Father's Anticipated Untax. Income 2018
1. Payments to tax-deferred pension & savings plans (paid directly or withheld from earnings). Include untaxed portion of 401(k) and 403(b) plan-W2 Box 12	$		$
2. Retirement or disability benefits anticipated for 2018	$		$
3. Workers' Compensation to be received in 2018	$		$
4. Welfare benefits including AFDC or ADC (excluding food stamps)	$		$
5. Untaxed portion of pensions	$		$
6. Living & housing allowances (excluding rent subsidies for low-income housing) for clergy, tribal, military, and others (include cash payments or cash value of benefits)	$		$
7. Child support or maintenance payments which will be received for the student *and* ALL children. (Include cash support or money paid on student's behalf from non-custodial parent)	$		$
8. Veterans benefits, except student's educational benefits. Include VA disability, death pension & DIC.			
9. Railroad Retirement benefits or Tribal benefits			
10. Any other untaxed income and benefits for 2018	$		$
Total 2018 Untaxed Income	$		$

Please include pay stubs and unemployment statements that support your projected 2018 income.
REMINDER: If you are requesting an income adjustment, a 2018-19 Verification Worksheet for Dependent Students and a copy of your 2016 Federal Income Tax Form or Tax Return Transcript must be on file before your special circumstance request can be reviewed.
The penalty for submission of fraudulent information on this form may be repayment of TRIPLE any amount of money received plus a fine and/or imprisonment.

_____ _____
Student's Signature   Date

_____ _____
Parent's Signature   Date

_____ _____
Parent's Signature (if married)   Date

OFFICE USE ONLY	☐ **Approve** ☐ **Disapprove** ☐ **More Info. Req'd.**
_____ Director's Signature Date	