After completing the 2018-2019 FAFSA, you may submit this form to document parents’ special circumstances. To begin, select one or more of the parent’s special circumstances below. Please provide all required documentation. Providing inadequate documentation will result in delayed processing or rejection of this request. Please note that submitting this request does not guarantee that a student will receive increased financial aid.

Reason for Filing a Parent Contribution Adjustment Request

Check the circumstance that applies to your situation. All required documentation supporting your circumstance must be attached.

☐ *Your parent(s) earned money in 2016, but has lost his/her job and is still unemployed. **Required Documentation:**
  1. Statement from previous employer that includes your parent’s last date of employment; and
  2. A current statement of unemployment benefits or severance package received, if applicable; and
  3. Final pay stub(s)
  4. Complete Estimated Year Income Statement on page 2

☐ *Your parent(s) earned money in 2016, but had a loss of income and earned substantially less money in 2017 or 2018. **Required Documentation:**
  1. A copy of parents’ 2017 IRS Tax Return Transcript and/or 2017 IRS Tax Return Transcript
  2. Final pay stub(s) from previous employer and last pay stub from current employer, if applicable
  3. Detail letter indicating dates, employers, severance, unemployment compensation, and other untaxed income
  4. Complete Estimated Year Income Statement on page 2
*Please be aware that unless the income loss is permanent in nature (e.g., retirement, or returning to school full-time), processing a request of this type is somewhat premature until 2017 tax/income is available. In some cases, we may require receipt of 2017 federal tax return before we make adjustments.

☐ Since completing the 2018-2019 FAFSA, your parents have separated or divorced. **Required Documentation:**
  1. If parents separated after FAFSA filed, attach a statement indicating the date of your parents’ separation and proof of separate domicile.
  2. If parents are divorced: Attach a copy of your parents’ divorce decree
  3. Attach a copy of the separation agreement if applicable.

☐ Since completing the 2018-2019 FAFSA, a supporting parent has died. **Required Documentation:**
  1. A copy of your parent’s death certificate or obituary

☐ Your parent(s) received a one-time income in 2016, loss, or reduction in benefit (e.g. Social Security payment, inheritance, child support received, IRA or pension distribution). **Required Documentation:**
  1. A statement from source of one-time income indicating amount; and
  2. A statement from parent(s) indicating the disposition of the funds
  3. Documentation of benefit loss or reduction (divorce decree, Social Security Notice)

☐ Your parent(s) paid out at least $3000 of medical and/or dental expenses in 2016
  Total medical and/or dental expenses PAID from January through December 2016: $ ________
  **Required Documentation:**
  1. Copies of medical and/or dental receipts showing medical payments made out of pocket in 2016 not covered by insurance
  2. Signed federal tax return and/or Tax Return Transcript including schedule “A” if claimed on federal return.
PARENTS’ ESTIMATED YEAR INCOME STATEMENT

You indicated a decrease in parent income in 2018. Please complete the following and include copies of documentation that support the information you have provided.

1) Date employment ceased (if applicable) __________________________

2) Income earned by mother from January 1, 2018 to December 31, 2018 $________________

3) Income earned by father from January 1, 2018 to December 31, 2018 $________________

4) Mother’s taxable income (other than earned wages) expected from 01/01/18 to 12/31/18 (unemployment, interest income, severance, etc.) $________________

5) Father’s taxable income (other than earned wages) expected from 01/01/18 to 12/31/18 (unemployment, interest income, severance, etc.) $________________

6) Parents’ untaxed income from 01/01/18 to 12/31/18 from the following sources:
   A) Deductible IRA and/or Keogh payments $________________
   B) Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portions of 401(K) and 403(B) plans $________________
   C) Social Security Benefits $________________
   D) Child Support $________________
   E) TANF/Welfare Benefits $________________
   F) Untaxed portions of pensions (excluding "rollovers") $________________
   G) Other untaxed income and benefits (explain and provide expected amounts, such as worker's compensation, foreign income exclusion, etc.) $________________

I certify that information listed above is a complete and accurate breakdown of all expected income, taxed and untaxed, for the calendar year 2018. I further certify that if any information of the above information changes, I will notify the Financial Aid Office in writing of the changes.

Signature __________________________ Date __________________

Office Use Only

□ Approved  EFC: old ____________________ New: ____________________

□ Denied  Reason __________________________ Date: __________________

Staff signature __________________________ Date: __________________

9.3.2.1.18 REV. (02-17-2017)