



Student Name: _____ Date of Birth: _____

Special Circumstances: Changes Affecting Family Income, Expenses and Assets

Indicate whose change this form represents: Student Parent(s)

Please check the box that best describes your family's special circumstances from **January 1, 2019-present**. Documents are needed to support your request. Attach sheet(s) and additional explanation if necessary.

Employment Change: Termination/Layoff of Job or Significant Reduction in Income after December 31, 2018

- Copies of most recent pay-stubs from all employment held showing year-to-date earnings (indicate frequency of pay, for example, weekly, monthly, etc.)
- Copy of unemployment compensation to be received. Indicate when compensation began and the duration of the compensation
- Copy of employment settlement, indicating employment severance payments to be received
- Copy of social security, disability and/or AFDC benefits to be received
- Documentation of employment benefit program
- Other: _____

Other Income Change:

- Loss of Child Support
- Any other form of untaxed income
- Documentation of termination of benefits/support/income from benefit provider
- Other: _____

Separation or Divorce:

- Copy of separation agreement
- Copy of divorce decree, indicating alimony and/or child support to be received as a result of divorce
- Substantial evidence of separation or divorce, for example, mortgage/lease/utility bill documenting parents live in separate residences

Expenses: Medical expenses paid out-of-pocket and will not be reimbursed

- Copies of receipts for medical payments paid
- Copies of medical bills

Asset Changes: _____

- The Office of Financial Aid will determine the appropriate documentation needed.

Special Circumstances Statement (please explain the state of your or your family's financial situation in further detail).

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE