

2018-2019 SPECIAL CIRCUMSTANCES - PARENT

STUDENT NAME: _____

HSU ID: _____

Your student's 2018-2019 financial aid award is based on your 2016 income; however, if there are unusual circumstances, exceptions can sometimes be made.

Please note: Submission of this document does not guarantee a change to your student's award. Your student is responsible for any balance due on their student account. If your expected family contribution (EFC) is already zero, do not submit this form.

1) LETTER: Attach a signed statement outlining the change in your special circumstances, please include dates.

2) QUALIFYING CIRCUMSTANCES: Choose from one of the options below that best describes your change of circumstances and provide documentation accordingly.

QUALIFYING CIRCUMSTANCES					
<p>Significant Reduction of Income or Resources</p> <p>Will your total annual household income be lowest for 2017 or 2018? (check one)</p> <p style="text-align: center;">2017 2018</p>	<p>Required Documentation for 2017:</p> <ul style="list-style-type: none"> • Dependent Students: Parents 2017 IRS Tax Return Transcripts or a signed copy of 2017 IRS Tax Return. <ul style="list-style-type: none"> ○ NOTE: If parents filed Married-Jointly, then they must also provide 2017 W2s. <p>Recommended Documentation for 2018:</p> <ul style="list-style-type: none"> • Documentation showing year-to-date earnings. • Employer letter/ document stating when your employment ended or changed. • Estimated 2018 Worksheet (Next page) <p>If your reduction of income was due to a loss or reduction of income not related to earned wages or business income please provide any documentation available.</p>				
<p>Separation/Divorce</p> <p>which occurred AFTER the 2018-2019 FAFSA application was completed.</p>	<p>If the change is related to a Separation/Divorce, please provide a copy of the following:</p> <ul style="list-style-type: none"> • Date of separation/divorce _____ (does not have to be a legal separation). • W2s and/or SCHEDULE C and any other form related to income from the 2016 1040 tax return for you and your spouse. • Report the amount of child support you will receive in 2018 (if none, indicate \$0). \$ _____ • Report the amount of child support you will pay out in 2018 (if none, indicate \$0). \$ _____ 				
<p>One-Time Income</p> <p>NOT received again in 2017.</p>	<p>If the change of circumstances is related to a sum of money that was received in 2016 that was not received again in 2017 (such as an early pension or IRA withdrawal), please explain what the source of income is in your signed statement. Also include where and how this one-time income has been allocated. You are also required to provide documentation of the source of the funds (e.g., 1099 or other early withdrawal paperwork).</p>				
<p>Substantial medical expenses</p> <p>Parent(s) reported unusually high medical expense deductions on their 2016 or 2017 federal tax return, or will have unusually high medical expenses for 2018.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Which year were they highest?</td> <td style="width: 15%; text-align: center;">2016</td> <td style="width: 15%; text-align: center;">2017</td> <td style="width: 15%; text-align: center;">2018</td> </tr> </table> <p>Required Documentation for 2016 and 2017:</p> <ul style="list-style-type: none"> • 2016 or 2017 IRS Tax Transcript • IRS Schedule A (Itemized Deductions) <p>Recommended Documentation for 2018:</p> <ul style="list-style-type: none"> • Receipts or billing statements indicating that the family had paid out of pocket. Past due or unpaid bills are not accepted • Itemized statement from insurance company documenting costs not covered by insurance • Completed Estimated 2018 Medical Expense section on Estimated Worksheet (Next page) <p>Note: Expenses must not exceed medical expenses as allowed by financial aid regulations.</p>	Which year were they highest?	2016	2017	2018
Which year were they highest?	2016	2017	2018		
<p>Support of extended family members</p>	<p>If you, the parent, support relatives not counted as members of your household, provide the following:</p> <ul style="list-style-type: none"> • Names of those supported. Age and relationship. When the support began, and will end. • Monthly amount paid and reason for the support 				
<p>Elementary/Secondary Education and /or Dependent Care Expenses</p>	<p>If you, the parent, pay for dependent care or elementary/secondary education expenses (not including college expenses). Provide the following:</p> <ul style="list-style-type: none"> • Names of those supported and age. • Receipts or statements of monthly expenditures. 				

3) Only complete this section if you want the Financial Aid Office to use Project 2018 Income: Enter your information in the appropriate column.

Do not leave any spaces blank, if the amount is zero, put a zero (0). **Incomplete forms will be returned.**

2018 Estimated Gross Taxable Income	Dependent Students Only:	Student	Parent 1/ Stepparent	Parent 2/Stepparent
INCOME (include untaxed income from January 1-December 31, 2018.)				
Gross taxable earnings (Earnings [wages, salaries, tips, etc.] before taxes.)		\$	\$	\$
Interest and/or Dividend Income		\$	\$	\$
Rental/Business/Capital Gains Income		\$	\$	\$
Social Security Income		\$	\$	\$
Unemployment Compensation		\$	\$	\$
Housing and/or Living Allowance		\$	\$	\$
Worker's Compensation		\$	\$	\$
Disability Income or Benefits		\$	\$	\$
Rehabilitation Income		\$	\$	\$
Child Support		\$	\$	\$
Other (specify source)		\$	\$	\$
Total Income		\$	\$	\$
2018 Estimated Medical Expense (Only complete this section if you checked Substantial medical expense under Qualifying Circumstance)		\$	\$	\$

4) SUBMISSION: Submit this completed form with all corresponding documentation to our office in person, via postal mail, fax or email. You will be notified if there any additional items that are needed. You will be also be notified when your request has been reviewed and a decision has been made.

We certify that all of the information reported on or submitted with this form is true and complete to the best of our knowledge. We understand that if purposely given false or misleading information to qualify for financial aid, we may be subject to prosecution, which may result in a fine, prison sentence or both. We understand that we are applying for an exception to the standardized formula. We understand all special circumstances are reviewed on a case-by case- basis and this written request does not guarantee approval and/or may not ultimately result in an actual change to the financial aid already offered.

Student Signature _____

Date _____

Parent Signature _____

Date _____