



Office of Financial Aid and Veteran Services
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2016 – 2017
Special Circumstance
 INDEPENDENT

Federal Student Aid Regulations provide the potential for reevaluation if your financial circumstance changes. The 2015 income information that you reported on your financial aid application may not be an accurate indicator of your ability to pay for educational costs. You must meet one of the circumstances indicated below to qualify for reevaluation of your financial aid eligibility. If you do not meet any of the circumstances described below, but feel your financial situation has changed significantly, please meet with a financial aid advisor.

Once you have completed all the steps below, return this form along with the **required documentation** to the Parkland Office of Financial Aid and Veteran Services. Submission of this form does not guarantee a change in your financial aid eligibility. Each case will be evaluated on an individual basis. Your special circumstance form will be returned to you if incomplete, or if documentation is not included. **NOTE: Only one Special Circumstance form will be accepted for an academic year.**

STEP 1: Student Information

Name _____
Last First MI

Permanent Address _____
Number and Street (including Apt. No.) City State Zip

Parkland College Student I.D. (PCID) or Social Security No. _____ Phone (_____) _____
Area Code

STEP 2: Reason for Filing a Special Circumstance Form

Check (✓) the circumstance(s) that applies to your situation. Required documentation to support your circumstance must be attached.

- A. You (or your spouse) earned money in 2015, but have lost a full-time job for at least ten (10) weeks and are still unemployed.

Required Documentation:

- Statement from ALL previous employer(s) you (or your spouse) worked for in 2015 and/or 2016 on company letterhead indicating:
 - Date you (or your spouse) ceased employment
 - Estimated wages for 2016; and
- A current statement of unemployment benefits received.

If you do not receive unemployment benefits, sign below:

X _____

- B. You (or your spouse) earned money in 2015, but have changed employment and are currently earning substantially less money in 2016.

Required Documentation:

- Statement on company letterhead from ALL employers you (or your spouse) worked for in 2016 indicating:
 - Dates of employment; and
 - Wages for 2016.

- C. You (or your spouse) received unemployment compensation or some other taxed or untaxed income or benefit for at least ten (10) weeks in 2015, but have completely lost that income or benefit.

Required Documentation:

- Statement of termination from the source of income. Include dates you received the benefits.

(Continued at top of right-hand column)

C. Required Documentation continued

NOTE: Income and benefits include such things as Social Security benefits, court-ordered child support, retirement, or disability benefits. *Don't* include loss of veteran's educational benefits.

- A statement from the source of the income or benefit indicating the dates you received the income benefit and the estimated income or benefits received in 2016.

- D. Since you applied for financial aid for 2016-2017, you and your spouse have separated or divorced.

Required Documentation:

- Copy of you and your spouse's 2015 Federal 1040 tax return;
- Copy of your 2015 W-2 form(s); and

If you are separated, attach a notarized statement indicating the date of separation.

If you are divorced, attach a copy of your divorce decree.

- E. Since you applied for financial aid for 2016-2017, a supporting spouse has died.

Required Documentation:

- Copy of your spouse's death certificate;
- Copy of your spouse's 2015 Federal 1040 tax return; and
- Copy of your 2015 W-2(s).

(More circumstance options on 2nd page.)

F. You or your spouse received a one-time income in 2015, such as Social Security payment, inheritance, IRA, or pension distribution.

Required Documentation:

1. Copy of your 2015 Federal 1040 tax return;
2. Statement from source of one-time income indicating amount; and
3. Statement from you (or your spouse) indicating the disposition of the funds.

G. You paid out (not owed) a large amount of medical and/or dental expenses in 2015.

Total medical & dental expenses paid in 2015\$ _____

Required Documentation:

1. Copy of your 2015 Federal income tax Schedule A

STEP 3: Your Family's Expected 2015 Income

NOTE: Complete this section only if you checked circumstance A or B.

1. In 2016, how much will you earn from work?..... \$ _____
2. In 2016, how much will your spouse earn from work?..... \$ _____
3. In 2016, what will the amount be of you and your spouse's tax deductible payments to IRA and/or Keough?..... \$ _____
4. In 2016, how much will you and your spouse receive in Unemployment Compensation?..... \$ _____
5. In 2016, how much will you and your spouse receive in Child Support?..... \$ _____
6. In 2016, how much will you and your spouse receive in Workers' Compensation?..... \$ _____
7. In 2016, how much will you and your spouse receive in Social Security benefits?..... \$ _____
8. In 2016, how much will you and your spouse receive in Welfare benefits?..... \$ _____
9. In 2016, how much will you and your spouse receive in other untaxed income, such as housing, food, and other living allowances from military, clergy, and others..... \$ _____

STEP 4: Read, Sign, and Return to the Office of Financial Aid and Veteran Services

Certification: All of the above information on this form and the attached documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give additional proof of the information that I have given on this form. I realize this proof may include a copy of a Federal or state tax return. I also realize that if I do not give proof when asked, the Special Circumstance will not be reviewed.

Student's Signature _____

Date Completed _____ **Is your documentation attached?**

<p>OFFICE USE ONLY</p> <p><input type="radio"/> APPROVED <input type="radio"/> DENIED <input type="radio"/> NO ACTION TAKEN</p> <p>Date _____ Staff Signature _____</p> <p>Reason for Denial or No Action Taken _____</p> <p>_____</p> <p>_____</p>
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