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Telephone: 217-351-2222 Fax: 217-373-3807

2019-2020 Special Circumstance Dependent Students

Name	Parkland ID Number			
The 2017 income information reported on your FAFSA may not be an a costs in the 2019-20 school year. By providing documentation or reevaluation of your financial aid eligibility. If you do not meet any of financial situation has changed significantly, please meet with a final individual basis, and submission of this form does not guarantee a changed circumstance form will be accepted per academic year.	of your unusual circumstance, you may qualify for of the circumstances described below, but feel your ncial aid advisor. Each case will be evaluated on an			
We are not able to estimate business or seasonal income. For families only be accepted after you have completed your 2019 taxes.	s with this type of income, a special circumstance will			
s form has four parts. Complete each section and attach all required documents before submitting. You will be contacte our Parkland student email if your special circumstance is incomplete, or if further documentation is needed.				
Part 1: General information (required for all request types)				
2019-20 FAFSA You must complete the 2019-20 Free Application for Federal Studer results before submitting this form. Answer all questions as asked, evor 2017.				
☐ 2019-20 FAFSA				
2019-20 FAFSA verification The verification process confirms that the information on a FAFSA aporiginally have been chosen for verification by the federal processor, P circumstance complete verification. Verification packets are available	Parkland requires that all students requesting a special			
☐ 2019-20 V1 Dependent Verification				
Rationale You must provide a typed statement explaining your special circumsta	ance situation.			
☐ Typed Statement				
Part 2: Select your circumstance and attach all requir	ed documentation			
☐ Unemployment A parent earned money in 2017, but has since lost their job and been uner income for 2019 is significantly lower than reported in 2017. ☐ Who became unemployed? Parent name:	mployed for at least ten weeks in 2019. Expected			
☐ Has this person started a new job? ☐ No ☐ Yes	Start date:			
☐ Letter from the previous employer(s) indicating the date employme	ent ended. This <u>must</u> be on company letterhead.			
☐ Copy of most recent paystub or earnings statement from each job this parent worked in 2019.				
☐ Current statement of unemployment benefits indicating weekly benefit amount and total benefits received to date.				

☐ If you do not receive unemployment benefits, sign here (parent signature): _

☐ Employment Change			
Since 2017, a parent has changed jobs and will earn significantly less in 2019 than they did in 2017.			
☐ Who changed jobs? Parent name: Date of change:			
Letter(s) from the previous employer(s) indicating the date employment ended, or in the case of reduced hours, a letter stating that hours or wages have been reduced and by how much.			
☐ Letter(s) from current employer(s) stating the date employment began, average hours per week and hourly pay rate.			
☐ Copy of most recent paystub or earnings statement from each job this parent worked in 2019.			
☐ One-Time Income			
In 2017 a parent received a one-time income, such as a Social Security payment, inheritance, IRA or pension distribution. This income will not be received in future years.			
☐ Who received this income? Parent name:			
☐ Statement from the third-party source of the one-time income indicating the payment amount and date paid.			
 Typed statement from the recipient of the income. This statement must be specific and detailed, and may include additional documentation, such as receipts. It must explain: The reason for the one-time payment, and 			
☐ How the funds were spent, including amounts and dates.			
Reduction in Untaxed Income			
A parent received an income benefit (not employment income) for at least 10 weeks in 2017 which has now been lost. Possible examples include Social Security benefits, court-ordered child support, retirement, or disability benefits.			
☐ Who lost the benefit? Parent name:			
Statement of termination or reduction from the source of income, indicating the last date the benefit was received.			
Statement from the source of income indicating the dates the benefit were received, including the amount of benefit received in 2017 and an estimate of benefits (if any) to be received in 2019.			
☐ Medical/Dental Expenses			
In 2017 the student's family paid at least 10% of total income for medical and/or dental care. Payments reimbursed through insurance or Flex Spending accounts, or expenses claimed as a tax benefit will not be considered a special circumstance.			
☐ Documentation showing medical/dental expenses paid in 2017, including medical bills and receipts.			
☐ Copy of the parent 2017 Federal 1040 tax return, including Schedule A			
☐ Divorce or Separation			
After submission of the 2019-20 FAFSA, parents' divorce or separation has resulted in a reduction of family income.			
☐ For divorce: copy of divorce decree.			
☐ For separation: notarized statement indicating the date of separation.			
☐ For separation: documentation demonstrating two separate households, such as lease(s), mortgage(s), or utility bill(s).			
☐ If a joint Federal tax return was filed in 2017, submit copies of 2017 W-2 forms for both parents.			
□ Death			
After submission of the 2019-20 FAFSA, a supporting parent has died.			
☐ Copy of death certificate.			
☐ If a joint Federal tax return was filed in 2017, submit copies of 2017 W-2 forms for both parents.			

Part 3: Estimate your family's expected 2019 income

Provide estimates of your family's expected income for the 2019 tax year. This includes income you or your parents have already received (year to date income) and income that you expect to receive through the end of the year (estimated income). Include both taxable and untaxed income.

			ESTIMATED INCOME From 1/1/19 to 12/31/19	
Student income from work			\$	
Parent 1 (Name) income from work		\$	
Parent 2 (Name) income from work		\$	
Unemployment benefits			\$	
Child support received			\$	
Worker's Compensation			\$	
Social Security benefits			\$	
Other untaxed income, such as	s housing, food, and other living allowances	S		
from military, clergy, and others	3		\$	
my knowledge. If asked by a	ve information on this form and the atta an authorized official, I agree to give ac ay include a copy of a federal or state tance will not be reviewed.	dditional proof of the inform	ation that I have given on this	
Student Signature		Date		
Parent Signature		Date		
OFFICE USE ONLY				
O APPROVED O DENIE	O NO ACTION TAKEN			
Staff Signature		Date_	Date	
Notes				

Parkland College ensures equal educational opportunities are offered to all students regardless of race, color, national origin, gender, disability, sexual orientation, veteran/Vietnam veteran era, age, or religion, and is Section 504/ADA compliant. For additional information or accommodations call 217-351-2505.