

☐ Who became unemployed?

☐ Has this person started a new job?

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2019-2020 Special Circumstance Independent Students

Name	Parkland ID Number		
The 2017 income information reported on your FAFSA may not be an accurate indicator of your ability to pay or educational costs in the 2019-20 school year. By providing documentation of your unusual circumstance, you may qualify for reevaluation of your financial aid eligibility. If you do not meet any of the circumstances described below, but eel your financial situation has changed significantly, please meet with a financial aid advisor. Each case will be evaluated on an individual basis, and submission of this form does not guarantee a change in your financial aid eligibility. Only one special circumstance form will be accepted per academic year.			
We are not able to estimate business or seasonal income. For families circumstance will only be accepted after you have completed your 2019			
This form has four parts. Complete each section and attach all red be contacted at your Parkland student email if your special circumstant needed.			
Part 1: General information (required for all request types)			
2019-20 FAFSA You must complete the 2019-20 Free Application for Federal Student the results before submitting this form. Answer all questions as asked, from that of 2017.			
☐ 2019-20 FAFSA			
2019-20 FAFSA verification The verification process confirms that the information on a FAFSA applies not originally have been chosen for verification by the federal procest requesting a special circumstance complete verification. Verification p the financial aid office.	essor, Parkland requires that all students		
2019-20 V1 Independent Verification			
Rationale You must provide a typed statement explaining your special circumstate	nce situation.		
☐ Typed Statement			
Part 2: Select your circumstance and attach all required	I documentation		
☐ Unemployment The student/spouse earned money in 2016, but has since lost their job and be Expected income for 2019 is significantly lower than reported in 2017.	een unemployed for at least ten weeks in 2019.		

☐ Spouse

☐ Yes

Letter from the previous employer(s) indicating the date employment ended. This must be on company letterhead.

Current statement of unemployment benefits indicating weekly benefit amount and total benefits received to date.

☐ Student

☐ Copy of most recent paystub or earnings statement from each job worked in 2019.

If you do not receive unemployment benefits, sign here:

 \square No

Last date worked: _____

Start date: _____

☐ Employment Change			
Since 2017, the student/spouse has changed jobs and will earn significantly less in 2019 than they did in 2017.			
\square Who changed jobs? \square Student \square Spouse 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 worked in 2019.			
☐ One-Time Income			
In 2017 the student/spouse 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? ☐ Student ☐ Spouse			
☐ 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			
The student/spouse 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? ☐ Student ☐ Spouse			
☐ 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 2017 Federal 1040 tax return, including Schedule A			
☐ Divorce or Separation			
After submission of the 2019-20 FAFSA, 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 2018 W-2 forms for both spouses.			
☐ Death			
After submission of the 2019-20 FAFSA, the student's spouse 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 the student and spouse.			

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 spouse 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.

			YEAR TO DATE ESTIMATED INCOME From 1/1/19 to 12/31/19		
Student income from work			\$		
Spouse income from work			\$		
Unemployment benefits			\$		
Child support received			\$		
Worker's Compensation			\$		
Social Security benefits	\$				
Other untaxed income, such as hour from military, clergy, and others	\$				
Certification: All of the above infing knowledge. If asked by an au	ormation on this form and the attathorized official, I agree to give adlude a copy of a federal or state to will not be reviewed.	ched documentation is tru	ne and complete to the best of pation that I have given on this		
Student Signature		Date			
OFFICE USE ONLY					
O APPROVED O DENIED	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. (04/18)