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2020-2021 Special Circumstance Dependent Students

| Name | Parkland ID Number | | | |
|--|---|--|--|--|
| costs in the 2020-21 school year. By providing docume reevaluation of your financial aid eligibility. If you do not n financial situation has changed significantly, please meet we | not be an accurate indicator of your ability to pay for educational entation of your unusual circumstance, you may qualify for neet any of the circumstances described below, but feel your with a financial aid advisor. Each case will be evaluated on an antee a change in your financial aid eligibility. Only one specia | | | |
| We are not able to estimate business or seasonal income. For only be accepted after you have completed your 2020 taxes | For families with this type of income, a special circumstance wills. | | | |
| This form has four parts. Complete each section and attach a at your Parkland student email if your special circumstance | all required documents before submitting. You will be contacted is incomplete, or if further documentation is needed. | | | |
| Part 1: General information (required for all request | types) | | | |
| | eral Student Aid (FAFSA) at <u>www.fafsa.ed.gov</u> and review the asked, even if your current financial situation differs from that | | | |
| ☐ 2020-21 FAFSA | | | | |
| originally have been chosen for verification by the federal pro | FAFSA application is accurate. Although your FAFSA may not ocessor, Parkland requires that all students requesting a specia available on Parkland's website or in the financial aid office. | | | |
| ☐ 2020-21 V1 Dependent Verification | | | | |
| Rationale You must provide a typed statement explaining your special | circumstance situation. | | | |
| ☐ Typed Statement | | | | |
| Part 2: Select your circumstance and attach a | II required documentation | | | |
| | | | | |
| ☐ Unemployment A parent earned money in 2018, but has since lost their job and Expected income for 2020 is significantly lower than reported in ☐ Who became unemployed? Parent name: | n 2018. | | | |
| | Yes Start date: | | | |
| | employment ended. This <u>must</u> be on company letterhead. | | | |
| ☐ Copy of most recent paystub or earnings statement from each job this parent worked in 2020. | | | | |

☐ 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 2018, a parent has changed jobs and will earn significantly less in 2020 than they did in 2018. |
| ☐ 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. |
| \square Copy of most recent paystub or earnings statement from each job this parent worked in 2020. |
| |
| ☐ One-Time Income |
| In 2018 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: |
| \square 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 2018 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 2018 and an estimate of benefits (if any) to be received in 2020. |
| ☐ Medical/Dental Expenses |
| In 2018 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 2018, including medical bills and receipts. |
| ☐ Copy of the parent 2018 Federal 1040 tax return, including Schedule A |
| ☐ Divorce or Separation |
| After submission of the 2020-21 FAFSA, parents' divorce or separation has resulted in a reduction of family income. |
| ☐ For divorce: copy of divorce decree. |
| \square 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 2018, submit copies of 2018 W-2 forms for both parents. |
| □ Death |
| After submission of the 2020-21 FAFSA, a supporting parent has died. |
| ☐ Copy of death certificate. |
| ☐ If a joint Federal tax return was filed in 2018, submit copies of 2018 W-2 forms for both parents. |

Part 3: Estimate your family's expected 2020 income

Provide estimates of your family's expected income for the 2020 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 1/1/20 to 12/31/20 |
|----------------------------|---------------------------------------|---|--|---|
| 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, su | ich as housing, foo | d, and other living allowanc | es | |
| from military, clergy, and | | \$ | | |
| my knowledge. If asked | l by an authorize of may include a | d official, I agree to give a copy of a federal or state | ttached documentation is true additional proof of the informate tax return. I also realize the | ation that I have given on thi |
| Student Signature | | | Date | |
| Parent Signature | | | Date | |
| OFFICE USE ONLY | | | | |
| O APPROVED O | DENIED ON | IO ACTION TAKEN | | |
| Staff Signature | | Date_ | Date | |
| Notes | | | | |
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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.