

## Special Circumstance Worksheet

If your 2007 expected income will be significantly different from the income reported for 2006 and the change is due to one of the conditions listed below, we may be able to reconsider the expected contribution towards your educational expenses for the 2007-2008 school year.

**You MUST complete Sections I and II, attach your/your spouses complete 2006 federal tax return (signed) and all W-2/1099 forms in addition to any other documentation for the items you check below and remit to the Financial Aid Office. The Office of Financial Aid will notify you if additional documentation is needed. Once all paperwork is received by our office, the director usually makes a decision within two weeks of receipt. However, it is your responsibility to contact the Office of Financial Aid for that decision.**

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### Section I: STUDENT'S/SPOUSE'S 2007 EXPECTED INCOME (January 1 – December 31, 2007)

Please indicate with a check mark the reason(s) your income for 2007 will be different from 2006. **Check all that apply and provide the requested information.**

You/your spouse earned money in 2006 has lost his/her job for at least 10 weeks in 2007. Complete information below, submit unemployment documentation, and complete Section II below.

**Specify who has been unemployed:** \_\_\_\_\_

**Date of employment termination:** \_\_\_\_\_ **Date (to be) re-employed:** \_\_\_\_\_

You/your spouse earned money in 2006 has not been able to earn money for at least 10 weeks in 2007 because of a disability or natural disaster in 2006 or 2007. Complete information below, submit medical documentation (if applicable) and complete Section II below.

**Specify who meets this condition: Student/Spouse(circle one)**

**Date of employment termination:** \_\_\_\_\_ **Date (to be) re-employed:** \_\_\_\_\_

**Nature of the disability or natural disaster:** \_\_\_\_\_

You/your spouse received unemployment compensation or other untaxed income or benefits in 2006 has totally lost that income or benefit in 2007. Complete information below, submit documentation and complete Section II below.

**Specify who meets this condition: Student/Spouse(circle one)**

**Source of lost income or benefit:** \_\_\_\_\_

**Date it was terminated:** \_\_\_\_\_ **Date it was or will be reinstated:** \_\_\_\_\_

You/your spouse received child support in 2006 has totally or partially lost that income in 2007. Submit documentation.

**Date it was terminated:** \_\_\_\_\_

**None of the conditions above apply. I have attached and signed a "typed" explanation of my special circumstances.**

**Section II: Expected 2007 Taxable Income**

For every source of income listed below, report the amount expected from January 1 until December 31, 2007.

**SOURCE OF INCOME**

**Income from Work and Investments:**

Wages, salaries, tips, etc. (before taxes): (Dates earned: From \_\_\_\_\_ to \_\_\_\_\_) Student \$ \_\_\_\_\_  
(Dates earned: From \_\_\_\_\_ to \_\_\_\_\_) Spouse \$ \_\_\_\_\_

Net income from business/farm: Student \$ \_\_\_\_\_  
Spouse \$ \_\_\_\_\_

Interest and dividend income: \$ \_\_\_\_\_

Net income from rent, trusts, royalties, partnerships, estates, etc.: \$ \_\_\_\_\_

Other taxable income (alimony, capital gains, taxable pensions, unemployment benefits, etc.): \$ \_\_\_\_\_

**Payments from Income:**

Alimony paid: \$ \_\_\_\_\_

Payments to IRA, KEOGH, and other tax-deferred pension and annuity plans such as 403(b) and 401(k): \$ \_\_\_\_\_

**Other Income:**

Child support to be **RECEIVED** for all children, including the student: \$ \_\_\_\_\_

Social Security benefits (for all household members): \$ \_\_\_\_\_

AFDC/ADC or TANF benefits: \$ \_\_\_\_\_

Housing, food, and other living allowances paid to military, clergy, and others: \$ \_\_\_\_\_

Veterans benefits-such as Death Pension, Dependency and Indemnity Compensation, GI Bill, VEAP, etc.: \$ \_\_\_\_\_

(Indicate type of benefits received and amount to be received per month):

Benefit: \_\_\_\_\_ Amount per Month: \$ \_\_\_\_\_

Worker's Compensation: \$ \_\_\_\_\_

Any other nontaxable income and benefits: (List source of income): \_\_\_\_\_ \$ \_\_\_\_\_

**Other Payments:**

Child support to be PAID for children NOT in your custody: \$ \_\_\_\_\_

Medical/dental bills NOT covered by insurance: \$ \_\_\_\_\_

**CERTIFICATION STATEMENT**

I (we) certify that the information provided on this form is true and correct to the best of my (our) knowledge. I (we) agree that if requested, I (we) will provide documentation to support the information provided on this form after the 2007 calendar year has ended.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date