

2017-2018 Special Circumstance Form for Independent Undergraduate Students



Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street - MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

STUDENT NAME: _____
Last First M.I.

UIN: _____ TELEPHONE: _____
(University Identification Number on I-Card or Admission Letter)

ADDRESS: _____
Street City State Zip

Instructions for Completing this Form:

1. You must complete the 2017-2018 Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov and review the results before submitting this form to the Office of Student Financial Aid.
2. Please review this form thoroughly to determine if your situation meets the special circumstances criteria that will be considered at the University of Illinois at Urbana-Champaign. Families are advised not to complete this form if you do not meet the criteria and/or cannot provide the documentation.
3. Student and/or spouse should check the circumstance(s) that apply and provide the required documentation. *If you cannot provide the required documentation, provide a written explanation of why the information is not available.*
4. We are not able to estimate business or seasonal income. For all families with this type of income, we will do an End of Year Review and will require the 2017 federal tax transcript to complete.
5. Student and/or spouse must complete the Expected Total Income and Benefits Table regardless of your circumstances; answering each line with the gross amount or "zero" if it does not apply.

CIRCUMSTANCES THAT AFFECT STUDENT/SPOUSE

Check the categories that apply to the student/spouse and complete the Expected Total Income and Benefits Table

- Unemployment:** Student/Spouse must have earned money in 2015 and lost his/her job, and been unemployed for at least ten weeks during 2017. The reduction must reflect at least a 20% gross decrease from 2015 total income reported on the FAFSA and be at least \$2,000.

Student Name _____

Has Student started another job?

Spouse Name _____

Has Spouse started another job?

Layoff/Termination Date _____

No ___ Yes ___ Date Hired _____

Layoff/Termination Date _____

No ___ Yes ___ Date Hired _____

Documentation Required:

- Submit a copy of the letter of separation/termination or letter from previous employer on company letterhead stating effective date and the circumstances under which you or your spouse left their employment; and
- Submit a copy of the last and current pay statement showing gross year-to-date wages from each job worked for both student and spouse; and
- Submit unemployment benefits statement from state agency stating start and end dates, gross weekly amount, and total amount of benefits; and
- Submit proof of severance pay received, 401K, IRA, stocks/bonds, pensions, or other assets converted to cash.

- Significant decline in income from 2015 to 2017:** The reduction must reflect at least a 20% gross decrease from 2015 total income reported on the FAFSA and be at least \$2,000. Student/Spouse must have earned money in 2015 and experienced a significant decrease in resources that is the result of disability, natural disaster, change in employment, or other catastrophic event.

Student type of income lost _____

Spouse type of income lost _____

Documentation Required:

- Submit a letter explaining the situation; and
- Submit proof of amount and type of income lost; and
- Submit a copy of the current pay statement showing gross year-to-date wages from each job worked for both student and spouse.
- Please note you may be required to submit a copy of your 2015 federal tax transcripts before this form will be processed.

Loss of Child Support: Child support ended on this date (mm/dd/yy) _____

Documentation Required:

- Submit proof of the amount of child support received in 2015-2017 (copy of divorce decree, cancelled checks, etc.)
- Submit legal document declaring the date the child support ended.

Separation or Divorce after the 2017-18 FAFSA was filed:

Date of separation/divorce (mm/dd/yy) _____

List the members of your household that physically reside with you or for which you provide over 50% of their support. Use a separate sheet of paper if necessary.

Name	Age	Relationship to you	University Attending

Documentation Required:

- Submit a copy of your current pay statement showing gross year-to-date wages from each job worked; and
- Submit a copy of legal separation/divorce papers or a copy of your and your spouse's rental lease or home mortgage payments as well as utility payments addressed to each of you at your individual residence; and
- Submit proof of spousal support and/or child support received and/or anticipated in 2017.

Medical or Dental Expenses paid by you or your spouse in 2017: You must be able to document that your household paid at least 10% of their total income in medical and/or dental expenses from their personal resources in 2017. **Do not report payments covered by insurance or payments from business or Flex Spending accounts.** Only report those expenses that would qualify for itemization on a personal Federal Tax Return. However, we will not count expenses that are claimed as a tax benefit.

Documentation Required:

- Complete Medical/Dental Documentation Form (available at www.osfa.illinois.edu in the FORMS section) along with copies of your proof of payments in 2017. Do not submit notice of benefits or account statements unless they document personal payments made by your family. **(Only one adjustment for medical expenses will be done in an aid year. This may cause the adjustment to be made at the end of 2017.)**

Other Catastrophic Event in 2017 Not Covered by this Form:

Documentation Required:

- Submit a letter explaining the situation along with supporting evidence; and
- Submit official reports, invoices, and receipts of expenses paid by the family not covered by insurance; and
- Submit a copy of the statement(s) from the insurance company of any paid or denied claims.

EXPECTED TOTAL INCOME AND BENEFITS TABLE: January 1, 2017 through December 31, 2017

Please report your entire household projected taxable and untaxed income for 2017, including business income, rental income, pension, 401K/IRA distributions, social security, disability, child support, spousal support, and all other types of income.

1. Answer **each** line with the gross amount or “zero” if it does not apply. *This form will not be processed if incomplete.*
2. Student signature is required. *This form will not be processed without a signature.*

TAXABLE INCOME FROM WAGES <i>(do not include your unemployment income as wages)</i>	Student	Spouse
Document gross wages earned through today's date: <i>Provide most recent pay statement</i>		
Estimate anticipated wages from today's date through December 31, 2017:		
OTHER TAXABLE INCOME:		
Unemployment Gross Income to date and anticipated in 2017: <i>Provide benefits eligibility letter</i>		
Severance, Paid Time Off or Vacation Pay Out if not included in gross wages		
Social Security Income: <i>Provide gross monthly statement</i>		
Taxable Disability Income: <i>Provide gross monthly statement</i>		
Taxable Pension: <i>Provide gross monthly statement</i>		
Interest/Dividend Income: <i>You should anticipate any type of asset income you are required to report on your 2017 Federal Tax Return.</i>		
Business Income, Rents, royalties, and/or annuities: <i>self-employed/seasonal employment will require 2017 tax transcript</i>		
Maintenance/support from spouse in 2017 (in cases of separation or divorce)		
Taxable income from 401K disbursements or other existing assets: <i>Include year to date gross disbursements and anticipated disbursements.</i>		
Other taxable incomes (survivor benefits, lump sum payout etc) : <i>List the source</i>		
TYPES OF UNTAXED INCOME		
Housing allowance for military or clergy : <i>Contract or LES Statement</i>		
Workers Compensation: <i>Provide gross monthly statement</i>		
Untaxed Disability Income: <i>Provide gross monthly statement</i>		
Child Support Received for all members of your household		
Untaxed Pension: <i>Provide gross monthly statement</i>		
Other Untaxed Income: <i>List the source</i>		
2017 TOTAL INCOME FROM ALL SOURCES		

Please submit photocopies of your documents as we are unable to return the reviewed documents. This form and your documents can be faxed to 217-265-5516 or mailed to the address at the top of this form. Be sure to include the student's name and UIN on all documents. You can check receipt of faxed documents online within three business days and receipt of mailed documents within one week. To check your status, go to www.osfa.illinois.edu and click on “Check Your Status.” If you have questions, please contact a member of our counseling staff at 217-333-0100 or send an email to finaid@illinois.edu.

Read and sign below: My signature and date below certifies that the information provided on this form and the contents of any and all attachments are true to the best of my knowledge.

Student Signature

Date

www.osfa.illinois.edu

finaid@illinois.edu

fax (217) 265-5516