

2018-2019 Special Circumstance Form for Dependent Students

I ILLINOIS
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 MI

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

ADDRESS: _____
Street City State Zip

Information and Instructions for Completing this Form:

1. You must complete the 2018-2019 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. If your file has been selected for verification, you are required to complete verification before this form can be processed.
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 required documentation.
3. Parents and/or student should check the circumstance(s) that apply and provide the required documentation. *If you cannot provide the required documentation, submit 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 2018 federal tax transcript to complete.
5. The Expected Total Income and Benefits Table must be completed regardless of your circumstances; answering each line with the gross amount or "zero" if it does not apply.

CIRCUMSTANCES THAT AFFECT PARENT/STEP-PARENT

- Unemployment:** Parent/Step-parent must have earned money in 2016, lost his/her job involuntarily, and been unemployed for at least ten weeks during 2018. The reduction must reflect at least a 20% gross decrease from 2016 total income reported on the FAFSA and be at least \$2,000.

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Mother/Step-mother Name _____ | Layoff/Termination Date _____ |
| Has Mother started another job? No _____ Yes _____ | Date Hired _____ |
| <input type="checkbox"/> Father/Step-father Name _____ | Layoff/Termination Date _____ |
| Has Father/Step-father started another job? No _____ Yes _____ | Date Hired _____ |

Documentation Required:

- Submit a copy of your parent's letter of separation/termination or letter from previous employer on company letterhead stating effective date and the circumstances under which they left their employment; and
- Submit a copy of the last and current pay statements showing gross year-to-date wages from each job worked for both parents; 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 2016 to 2018:** The reduction must reflect at least a 20% gross decrease from 2016 total income reported on the FAFSA and be at least \$2,000. Parent/Step-parent must have earned money in 2016 and experienced a significant decrease in resources as a result of disability, natural disaster, involuntary change in employment, or other catastrophic event.

Mother/Step-mother: type of income lost _____
 Father/Step-father: 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 parents.
- Please note you may be required to submit a copy of your 2016/2018 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 2018 (copy of divorce decree, cancelled checks, etc.)
- Submit legal document declaring the date the child support ended.

Separation or Divorce of Parents after the 2018-19 FAFSA was filed:

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

- Who will provide the most support? _____
- Which parent will the student live with? _____ *complete household information for this parent

*List the members of your parent's household that physically reside with your parent or for which your parent provides 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 supporting parent's 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 each parent's rental lease or home mortgage payment as well as utility payments addressed to each parent at their residence; and
- Submit proof of spousal support and/or child support received and/or anticipated in 2018; and
- Submit proof that shows your address is the same as the address of the parent with whom you live.

Death of a Parent in 2018: Date of Loss (mm/dd/yy) _____

- Mother/Step-mother
- Father/Step-father

Documentation Required:

- Submit a copy of the death certificate or obituary; and
- Submit 2018 income information for deceased, including a copy of the last pay statement showing gross year-to-date wages from each job worked; and
- Submit surviving parent's 2018 income information, including a copy of the current pay statement from each job.
- Submit a copy of life insurance and/or survivor benefits.

Medical or Dental Expenses Paid by your Family in 2018: You must be able to document that your family paid at least 10% of their total income in medical and/or dental expenses from their personal resources in 2018. **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 2018. 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 2018.)**

Other Catastrophic Event in 2018 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.

CIRCUMSTANCES THAT AFFECT STUDENT

Unemployment or Significant Loss of Income in 2018: The reduction must reflect at least a 20% gross decrease from 2016 total income reported on the FAFSA and be at least \$2,000. Student must have worked full-time for at least 26 weeks in 2016 and been unemployed for at least ten weeks during 2018.

Student layoff/termination date: _____

Has student accepted new employment? Yes _____ No _____ Date Hired _____

Documentation Required:

- Submit a letter explaining the situation and your current employment status; and
- Submit a copy of the letter of separation/termination or letter from your previous employer on company letterhead stating effective date and the circumstances under which you left employment; and
- Submit a copy of the current pay statement showing gross year-to-date wages from each job worked.
- Submit proof of amount and type of income loss; if applicable.
- Please note you may be required to submit a copy of your 2016 Federal Tax Transcript before this form will be processed.

Other Catastrophic Event Not Covered by this Form:

- Submit a letter explaining the situation along with supporting documentation.

EXPECTED TOTAL INCOME AND BENEFITS TABLE: January 1, 2018 through December 31, 2018

Please report your household’s projected taxable and untaxed income for 2018, including business income, rental income, pension, 401K/IRA distributions, social security, disability, child support, spousal support, and all other types of income.

1. Complete the Mother/Step-mother and Father/Step-father columns if you have circumstances that affect parent(s).
2. Complete the Student column if you have circumstances that affect the student.
3. Complete all three columns if you have circumstances that affect parent(s) and the student.
4. Answer **each** line with the gross amount or “zero” if it does not apply. *This form will not be processed if incomplete.*
5. Both student and at least one parent signature is required. *This form will not be processed without both signatures.*

| TAXABLE INCOME FROM WAGES <i>(do not include your unemployment as wages)</i> | Father | Mother | Student |
|--|---------------|---------------|----------------|
| Document gross wages earned through today’s date <i>Provide current pay statement</i> | | | |
| Estimate anticipated wages from today’s date through December 31, 2018 | | | |
| OTHER TAXABLE INCOME | | | |
| Unemployment Gross Income to date and anticipated in 2018: <i>Provide benefits eligibility letter</i> | | | |
| Severance, Paid Time Off or Vacation Pay Out <i>if not included in gross wages</i> | | | |
| 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 2018 Federal Tax Return.</i> | | | |
| Business Income, Rents, royalties, and/or annuities: self-employed/seasonal employment will require 2018 tax transcript | | | |
| Maintenance/support from spouse in 2018 (if separation/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> | | | |
| 2018 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 _____

Parent Signature _____

Date _____