

Office of Financial Aid and Veteran Services 2400 W. Bradley Avenue, U-286 Champaign, IL 61821-1899 E-mail: finaid@parkland.edu

Telephone: 217-351-2222 Fax: 217-373-3807

2017-2018 Special Circumstance Dependent Students

Name	Parkland ID Number				
costs in the 2017-18 s reevaluation of your fina financial situation has ch individual basis, and sub	school year. By providing documentation of ancial aid eligibility. If you do not meet any of nanged significantly, please meet with a finance.	ccurate indicator of your ability to pay for educational your unusual circumstance, you may qualify for the circumstances described below, but feel your cial aid advisor. Each case will be evaluated on an nge in your financial aid eligibility. Only one special			
	ate business or seasonal income. For families ou have completed your 2017 taxes.	with this type of income, a special circumstance will			
his form has four parts. Complete each section and attach all required documents before submitting. You will be contacted tyour Parkland student email if your special circumstance is incomplete, or if further documentation is needed.					
Part 1: General info	ormation (required for all request types)				
		: Aid (FAFSA) at <u>www.fafsa.ed.gov</u> and review the en if your current financial situation differs from that			
☐ 2017-18 FAF	SA				
originally have been chos	confirms that the information on a FAFSA apposen for verification by the federal processor, Pa	olication is accurate. Although your FAFSA may not rkland requires that all students requesting a special n Parkland's website or in the financial aid office.			
□ 2017-18 V1 [Dependent Verification				
Rationale You must provide a type	d statement explaining your special circumstar	nce situation.			
☐ Typed Staten	nent				
Part 2: Select your	circumstance and attach all require	d documentation			
income for 2017 is signific	n 2015, but has since lost their job and been unem cantly lower than reported in 2015. employed? Parent name:	ployed for at least ten weeks in 2017. Expected Last date worked:			
☐ Has this person s	started a new job?	Start date:			
☐ Letter from the pr	revious employer(s) indicating the date employment	ended. This <u>must</u> be on company letterhead.			
☐ Copy of most rec	☐ Copy of most recent paystub or earnings statement from each job this parent worked in 2017.				
☐ Current statemer	☐ Current statement of unemployment benefits indicating weekly benefit amount and total benefits received to date.				
☐ If you do not rece	☐ If you do not receive unemployment benefits, sign here (parent signature):				

☐ Employment Change					
Since 2015, a parent has changed jobs and now earns significantly less than they did in 2015.					
☐ 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.					
☐ Copy of most recent paystub or earnings statement from each job this parent worked in 2017.					
☐ One-Time Income					
In 2015 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:					
☐ 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 2015 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 2015 and an estimate of benefits (if any) to be received in 2017.					
☐ Medical/Dental Expenses					
In 2015 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 2015, including medical bills and receipts.					
☐ Copy of the parent 2015 Federal 1040 tax return, including Schedule A					
☐ Divorce or Separation					
After submission of the 2017-18 FAFSA, parents' 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 2015, submit copies of 2015 W-2 forms for both parents.					
□ Death					
After submission of the 2017-18 FAFSA, a supporting parent has died.					
☐ Copy of death certificate.					
☐ If a joint Federal tax return was filed in 2015, submit copies of 2015 W-2 forms for both parents.					

Part 3: Estimate your family's expected 2017 income

Provide estimates of your family's expected income for the 2017 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.

			YEAR TO DATE ESTIMATED INCOME From 1/1/17 to 12/31/17	
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, such as	housing, food, and other living allowances	3		
from military, clergy, and others			\$	
my knowledge. If asked by a	ve information on this form and the atta an authorized official, I agree to give ac y include a copy of a federal or state ance will not be reviewed.	dditional proof of the information	ation that I have given on this	
Student Signature		Date		
Parent Signature		Date		
OFFICE USE ONLY				
O APPROVED O DENIE	O NO 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.