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2017-2018 Special Circumstance Independent Students

lame	Parkland ID Number
for educational costs in the 2017-18 school year. I qualify for reevaluation of your financial aid eligibiteel your financial situation has changed significant to the control of the cont	FAFSA may not be an accurate indicator of your ability to pay By providing documentation of your unusual circumstance, you may ility. If you do not meet any of the circumstances described below, but antly, please meet with a financial aid advisor. Each case will be of this form does not guarantee a change in your financial aid ll be accepted per academic year.
We are not able to estimate business or seasonal circumstance will only be accepted after you have	Il income. For families with this type of income, a special completed your 2017 taxes.
	on and attach all required documents before submitting. You will ur special circumstance is incomplete, or if further documentation is
Part 1: General information (required for a	all request types)
	for Federal Student Aid (FAFSA) at www.fafsa.ed.gov and review ll questions as asked, even if your current financial situation differs
☐ 2017-18 FAFSA	
not originally have been chosen for verification	tion on a FAFSA application is accurate. Although your FAFSA may by the federal processor, Parkland requires that all students fication. Verification packets are available on Parkland's website or in
2017-18 V1 Independent Verification	
Rationale You must provide a typed statement explaining you	our special circumstance situation.
☐ Typed Statement	
Part 2: Select your circumstance and at	ttach all required documentation
☐ Unemployment The student/spouse earned money in 2015, but has sin Expected income for 2017 is significantly lower than re ☐ Who became unemployed? ☐ Stude	·
☐ Has this person started a new job? ☐ Ye	<u> </u>
_	g the date employment ended. This must be on company letterhead.
☐ Copy of most recent paystub or earnings state	· · · · · · · · · · · · · · · · · · ·

Current statement of unemployment benefits indicating weekly benefit amount and total benefits received to date.

☐ If you do not receive unemployment benefits, sign here:

☐ Employment Change			
Since 2015, the student/spouse has changed jobs and now earns significantly less than they did in 2015.			
☐ Who changed jobs? ☐ Student ☐ Spouse 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 worked in 2017.			
☐ One-Time Income			
In 2015 the student/spouse 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? ☐ Student ☐ Spouse			
☐ 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			
The student/spouse 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? ☐ Student ☐ Spouse			
☐ 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 2015 Federal 1040 tax return, including Schedule A			
☐ Divorce or Separation			
After submission of the 2017-18 FAFSA, 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 spouses.			
☐ Death			
After submission of the 2017-18 FAFSA, the student's spouse 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 the student and spouse.			

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 spouse 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			\$
Spouse income from work			\$
Unemployment benefits			\$
Child support received			\$
Worker's Compensation			\$ \$
Social Security benefits			
Other untaxed income, such as house from military, clergy, and others	\$		
Certification: All of the above inf my knowledge. If asked by an au	ormation on this form and the atta thorized official, I agree to give addude a copy of a federal or state to will not be reviewed.	ched documentation is tru ditional proof of the inform	re and complete to the best of pation that I have given on this
Student Signature		 Date	
OFFICE USE ONLY			
O APPROVED O DENIED	O NO ACTION TAKEN		
Staff Signature		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. (04/17)