# PARKLAND COLLEGE

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

# 2018-2019 Special Circumstance Dependent Students

#### Name

Parkland ID Number

The 2016 income information reported on your FAFSA may not be an accurate indicator of your ability to pay for educational costs in the 2018-19 school year. By providing documentation of your unusual circumstance, you may qualify for reevaluation of your financial aid eligibility. If you do not meet any of the circumstances described below, but feel your financial situation has changed significantly, please meet with a financial aid advisor. Each case will be evaluated on an individual basis, and submission of this form does not guarantee a change in your financial aid eligibility. Only one special circumstance form will be accepted per academic year.

We are not able to estimate business or seasonal income. For families with this type of income, a special circumstance will only be accepted after you have completed your 2018 taxes.

This form has four parts. Complete each section and attach all required documents before submitting. You will be contacted at your Parkland student email if your special circumstance is incomplete, or if further documentation is needed.

## Part 1: General information (required for all request types)

#### 2018-19 FAFSA

You must complete the 2018-19 Free Application for Federal Student Aid (FAFSA) at <u>www.fafsa.ed.gov</u> and review the results before submitting this form. Answer all questions as asked, even if your current financial situation differs from that of 2016.

2018-19 FAFSA

#### 2018-19 FAFSA verification

The verification process confirms that the information on a FAFSA application is accurate. Although your FAFSA may not originally have been chosen for verification by the federal processor, Parkland requires that all students requesting a special circumstance complete verification. Verification packets are available on Parkland's website or in the financial aid office.

□ 2018-19 V1 Dependent Verification

#### Rationale

You must provide a typed statement explaining your special circumstance situation.

□ Typed Statement

## Part 2: Select your circumstance and attach all required documentation

□ <b>Unemployment</b> A parent earned money in 2016, but has since lost their job and been unemployed for at least ten weeks in 2018. Expected income for 2018 is significantly lower than reported in 2016.							
	Who became unemployed? Parent name:	Last date worked:					
	Has this person started a new job?	Start date:					
	Letter from the previous employer(s) indicating the date employment ended. This must be on company letterhead.						
	Copy of most recent paystub or earnings statement from each job this parent worked in 2018.						
	Current statement of unemployment benefits indicating weekly benefit amount and total benefits received to date.						
	If you do not receive unemployment benefits, sign here (parent signature):						

Employment Change						
Since 2016, a parent has changed jobs and will earn significantly less in 2018 than they did in 2016.						
Who changed jobs? Parent name:	Date of change:					
Letter(s) from the previous employer(s) indicating the date employ stating that hours or wages have been reduced and by how much.						
Letter(s) from current employer(s) stating the date employment be	gan, average hours per week and hourly pay rate.					
Copy of most recent paystub or earnings statement from each job	this parent worked in 2018.					
□ One-Time Income						
In 2016 a parent received a one-time income, such as a Social Security pay income will not be received in future years.	yment, inheritance, IRA or pension distribution. This					
Who received this income? Parent name:	_					
□ Statement from the third-party source of the one-time income indic	cating the payment amount and date paid.					
<ul> <li>Typed statement from the recipient of the income. This statement is additional documentation, such as receipts. It must explain:</li> <li>The reason for the one-time payment, and</li> </ul>						
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 2016 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, in	ndicating the last date the benefit was received.					
Statement from the source of income indicating the dates the bene received in 2016 and an estimate of benefits (if any) to be received	-					
<ul> <li>Medical/Dental Expenses</li> <li>In 2016 the student's family paid at least 10% of total income for medical ar insurance or Flex Spending accounts, or expenses claimed as a tax benefit</li> <li>Documentation showing medical/dental expenses paid in 2016, inc</li> <li>Copy of the parent 2016 Federal 1040 tax return, including Schedul</li> </ul>	will not be considered a special circumstance.					
Divorce or Separation						
After submission of the 2018-19 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 separati	on.					
For separation: documentation demonstrating two separate house	holds, such as lease(s), mortgage(s), or utility bill(s).					
☐ If a joint Federal tax return was filed in 2016, submit copies of 201	6 W-2 forms for both parents.					
Death						
After submission of the 2018-19 FAFSA, a supporting parent has died.						
Copy of death certificate.						
☐ If a joint Federal tax return was filed in 2016, submit copies of 201	6 W-2 forms for both parents.					

Provide estimates of your family's expected income for the 2018 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 1/1/18 to 12/31/18
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, for	od, and other living allowances	
from military, clergy, and others		\$

#### Part 4: Sign and return to the Office of Financial Aid and Veteran Services

*Certification:* All of the above information on this form and the attached documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give additional proof of the information that I have given on this form. I realize this proof may include a copy of a federal or state tax return. I also realize that if I do not give proof when asked, the Special Circumstance will not be reviewed.

Student Signature			Date	
Parent Signature			Date	
OFFICE USE O	NLY			
O APPROVED	O DENIED	O NO ACTION TAKEN		
Staff Signature_			Date	
Notes				

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. (04/18)