

**2016-17 Independent
Special Circumstances Request for Income Reduction**

Student's Name: _____ SSN: _____

Check one condition which best describes the change in your financial situation. Sign below, and ATTACH ALL REQUIRED DOCUMENTATION.

Step 1: Reason for Income Reduction

Check the reason for the reduction in your family's income:

1. Unemployment or change in employment which has drastically reduced your and (or) your spouse's income.

If you select option "1," you must submit all of the items below:

- Personal signed and dated letter of explanation of change in financial situation
- 2015 Federal Income Tax Transcript (student and spouse if applicable) If the IRS data retrieval tool was used and there is a "02" response on the ISIR, the transcripts can be omitted.
- 2015 W-2's (student and spouse if applicable)
- Monetary determination letter from Unemployment
- 2016 year to date pay stubs (student and spouse if applicable)
- 2016-17 Independent Household Information Worksheet
- 2016-17 Independent Filing Status Worksheet

****Submit doctor's statement detailing length and type of disability if applicable.****

You may also be required to submit documentation regarding child support paid and/or receipt of SNAP benefits received for the 2015 year. If you are required to submit this, the VFAO will notify you via email.

2. You have already completed the FAFSA and since that time your marital status has changed (Marriage, Separation, Divorce or Death)

If you select option "2," you must submit all of the items below:

- Personal signed and dated letter of explanation of change in financial situation
- Copy of marriage license, legal separation documentation, divorce decree, death certificate or obituary
- 2015 Federal tax transcript (student and spouse if applicable)
- 2015 W-2's (student and spouse if applicable)
- 2016-17 Independent Household Information Worksheet
- 2016-17 Independent Filing Status Worksheet

You may also be required to submit documentation regarding child support paid and/or receipt of SNAP benefits received for the 2015 year. If you are required to submit this, the VFAO will notify you via email.

3. One-time income (examples: inheritance, IRA or pension distribution)

If you select option "3," you must submit all of the items below:

- Personal signed and dated letter of explanation - including how funds were spent
- 2015 Federal Income Tax Return (student and spouse if applicable),
- 2015 W-2's (student and spouse if applicable)
- Documentation identifying source of one time income.
- 2016-17 Independent Household Information Worksheet
- 2016-17 Independent Filing Status Worksheet

4. Program requirements in your field of study restrict the number of hours you can work for all or part of 2016-17. *If you select option "4," you must submit the following:*

- Personal signed and dated letter confirming income while enrolled in this program.
- Last paystub confirming income (if applicable).
- Have the statement below filled out below by your program advisor:

“This student's academic program _____ restricts employment from _____ to _____. This restriction is not listed in published program literature.”

Program Advisor Signature: _____

Program Advisor Name (Printed): _____

Step 2: Complete the anticipated income for Jan 1 through Dec 31, 2016:

| 2016 Income Estimation Table | Source of 2016 Income | Student | Spouse |
|------------------------------|-----------------------|---------|--------|
| Annual 2016 Earnings | | \$ | \$ |
| *Other Taxable Income | | \$ | \$ |
| **Nontaxable Income | | \$ | \$ |
| TOTAL 2016 Income | | \$ | \$ |

* **Other Taxable Income** includes unemployment compensation, disability benefits, interest and dividend income, real estate income, capital gains/losses, alimony, pensions, and all other taxable income (submit appropriate documentation)

** **Nontaxable Income** includes TANF, social security benefits, child support and all other non-taxable income

CERTIFICATION AND SIGNATURE:

All of the information on this form is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given in this form. I also realize that if I do not provide required proof, my request for special circumstances will not be processed.

The person signing below certifies that all of the information reported is complete and correct

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature (Required)

Date

NOTE: Additional documentation may be requested before a determination can be made.