

2018-2019 Dependent Student Special Circumstance Form

| Student Name | Grand View ID |
|--------------------------------|-------------------------|
| Parent Name(s) | |
| Parent(s) daytime phone number | Parent(s) email address |

STEP 1: REASON FOR FILING

Check the box for circumstance(s) that apply to you and submit the additional documentation as indicated for that circumstance.

Loss of Employment, Reduced Wages

Current parent wages are at least 10% less than in 2016 due to loss of job, change in employment, reduction in hours, or reduction in pay. Job losses will

be considered after 30 days of unemployment.

- Most recent signed Parent Federal Tax Return or Tax Return Transcript from the IRS
- □ Last check stub(s) from previous and/or current employers, if applicable, for <u>parents</u> listed on the FAFSA
- □ Individuals with self-employment or other non-W2 income from the tax return need to document their financial changes in Step 2 of this form
- $\hfill\square$ Letter from previous employer stating last date of employment
- Benefit or denial letter from unemployment. Benefit letter needs to include weekly and maximum benefit amounts.
- $\hfill\square$ Severance information, if applicable

Loss of Benefits

Student/Parent has lost some or all benefits

□ Submit official documentation of benefit(s) lost

□ Marital Separation / Divorce

Parents must live in separate residences

- Most recent signed Parent Federal Tax Return or Tax Return Transcript from the IRS
- Documentation of separation, divorce, or verification of separate residences
- □ Most recent W-2 of custodial parent
- Documentation of child support, family support or maintenance support. Include support that is received or anticipated.

One-Time Income

- 2016 Signed Parent Federal Tax Return or Tax Return Transcript from the IRS
- Provide documentation (if available) or an explanation and dollar amount of any one-time income received and <u>what was done with that income</u>

□ High Medical/Dental Expenses

Eligible expenses are limited to medical and dental expenses not reimbursed through insurance or employer-sponsored cafeteria plans (HRA, HSA, heath care flexible spending account, etc.). As a general rule, these expenses would need to exceed \$3,000 before they would have the potential to impact a financial aid award.

- 2017 Signed Parent Federal Tax Return or Tax Return Transcript from the IRS
- Copy of Schedule A from the 2017 Federal Tax Return, if filed
- □ If expenses were not claimed on Schedule A, submit a listing of eligible expenses <u>you paid</u> out-of-pocket in 2017
- □ Last check stub(s) from employer for parent(s) listed on FAFSA (if a Schedule A is not submitted)

Education Loan Payments

- Most recent signed Parent Federal Tax Return or Tax Return Transcript from the IRS
- Provide current bills showing the minimum monthly loan payment due on all federal loans held by either parent or for private student loans held or co-signed by either parent on behalf of other children. We cannot consider loans currently in deferment or forbearance.

□ Private Elementary/Secondary School Tuition

Submit tuition statement OR letter from the school indicating tuition charges minus financial aid and/or discounts for child(ren) at that school during the 18-19 academic year.

Other Unusual Expenses

Provide explanation and documentation of expense(s) Examples of eligible expenses: Dependent care, elderly care, funeral expenses, legal expenses, etc. Consumer debt is usually ineligible for consideration under special circumstances.

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Step 2: Explanation of the Circumstance (required)

Attach additional sheet if necessary.

Note: All appeals for the 2018-19 academic year must be submitted by March 1, 2019.

Step 3: CERTIFICATION

I certify that the information accompanying this form is complete and correct to the best of my knowledge. If additional documentation is required, I will submit such documentation or my Special Circumstance Request will be denied. I also understand that if I give false or misleading information, I may be fined, jailed, or both. I understand that the Financial Aid Office may later request copies of my 2017 Federal Tax Transcripts or other documentation to verify the information submitted for my 2018-19 special circumstances request and adjustments may be made to my financial aid award at that time.

| Parent Signature | Date |
|-------------------|------|
| | |
| Student Signature | Date |
| | |

Please submit this form and supplemental materials to the Grand View University Financial Aid Office.

Email finaid@grandview.edu Fax 515-263-6191 Mail Grand View University Financial Aid Office 1200 Grandview Avenue Des Moines, Iowa 50316