

2016-17 Special Circumstances The University of Findlay

Student's Name _____

Student's Social Security Number _____

In Section One below, please provide an *estimate* of your 2016 income. It is important to provide figures for the entire year. Include all income expected from January 1, 2016 through December 31, 2016.

Section One – Estimated 2016 income		
Type of Income	Estimated 2016 Income	
1. Gross wages, salaries, severance pay, tips	Father	Student
	Mother	Student's Spouse
2. Unemployment benefits		
3. Social Security benefits for all family members		
4. Retirement benefits/pension		
5. Workers' compensation		
6. Child support received		
7. Public assistance (AFDC) such as Welfare and TANF		
8. Alimony		
9. Other Income		

Statement of Certification:

All of the information provided on this application is true and complete to the best of my (our) knowledge. I (We) understand that further documentation may be requested by the Financial Aid Office before a final decision is made and that not every documented situation will result in a change in financial aid eligibility.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

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Please refer to Sections Two through Five to determine what documentation you are required to submit. Failure to submit all required documentation may result in delayed review.

Section Two – Loss of Taxable Income	
Loss of Taxable Income	Required Documentation
Loss of Job (must be out of work for at least 10 weeks)	<ul style="list-style-type: none"> • Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return) • Copy of 2015 W-2(s) • Employment termination letter and last pay stub received showing year-to-date earnings –OR – letter from past employer stating date employment ceased and year-to-date earnings • Copy of unemployment benefits letter stating when benefits began and weekly amount
Change in job (reduction in earnings)	<ul style="list-style-type: none"> • Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return) • Copy of 2015 W-2(s) • Employment termination letter and last pay stub received showing year-to-date earnings –OR – letter from past employer stating date employment ceased and year-to-date earnings • Copy of most recent pay stub from new employer • Letter from new employer stating new rate of pay, average hours worked, and effective date
Reduction in earnings with same employer	<ul style="list-style-type: none"> • Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return) • Copy of 2014 W-2(s) • Copy of most recent pay stub • Letter from employer stating new rate of pay, average hours worked, and effective date
Loss of unemployment benefits	<ul style="list-style-type: none"> • Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return) • Copy of 2015 W-2(s) • Copy of unemployment benefits termination letter • Copy of claimant inquiry letter from unemployment office stating weekly amount of benefits, current eligibility status, and total compensation received
Loss of disability benefits	<ul style="list-style-type: none"> • Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return) • Copy of 2015 W-2(s) • Letter from employer stating date disability benefits ceased, year-to-date benefits received, and whether or not you will be returning to work • Copy of Social Security Benefits letter stating amount of benefits you will receive, if applicable • Copy of worker’s compensation benefits letter stating amount of benefits you will receive, if applicable

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Section Three – Loss of Untaxed Income

Loss of Untaxed Income	Required Documentation
Loss of child support	<ul style="list-style-type: none"> • Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return) • Copy of 2015 W-2(s) • Copy of letter from child support enforcement agency stating date of emancipation of child • Documentation from child support enforcement agency stating monthly amount of child support received prior to emancipation • If receiving support for other children, submit documentation stating new monthly amount received
Loss of social security benefits	<ul style="list-style-type: none"> • Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return) • Copy of 2015 W-2(s) • Copy of social security benefits termination letter • Copy of most recent benefits letter stating monthly amount of benefits received prior to termination
Loss of worker's compensation benefits	<ul style="list-style-type: none"> • Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return) • Copy of 2015 W-2(s) • Copy of workers' compensation benefits termination letter • Documentation of monthly amount of benefits received prior to termination

Section Four – Loss of a Supporting Family Member

Loss of Supporting Family Member	Required Documentation
Divorce/legal separation of parents or divorce/legal separation from spouse after FAFSA was filed	<ul style="list-style-type: none"> • Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return) • Copy of 2015 W-2(s) • Copy of divorce or legal separation papers – OR – letter from attorney stating marital status of parties involved
Death of a parent or spouse after the FAFSA was filed	<ul style="list-style-type: none"> • Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return) • Copy of 2015 W-2(s) • Copy of death certificate

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Section Five – Additional Expenses

Additional Expenses	Required Documentation
Medical/dental expenses not covered by insurance but paid out of pocket in 2016.	<ul style="list-style-type: none">• Signed copy of 2015 federal income tax return (IRS 1040, 1040A, 1040EZ, Telefile, or foreign tax return)• Copy of 2015 W-2(s)• Copy of Schedule A – Itemized Deductions (if filed with IRS 1040 tax return)• If you did not file a schedule A – Itemized Deductions, submit an itemized list of medical expenses paid and copies of receipts or canceled checks for each medical expense listed• INSURANCE EXPLANATION OF BENEFITS IS <u>NOT</u> CONSIDERED PROOF OF PAYMENT AND IS <u>NOT</u> ACCEPTABLE DOCUMENTATION

The Financial Aid Office generally will only consider reductions in income or additional expenses for the circumstances listed in Sections Two through Five. It is our policy to **not** consider a reduction in income or additional expenses due to the following:

- Loss of windfall income such as lottery or gambling winnings or bonus income
- Reductions in overtime pay (this will be reflected on the following years FAFSA)
- Unusual expenses related to personal living such as wedding expenses, credit card bills, home mortgage, school loan payments, car payments, legal expenses and other miscellaneous consumer expenses.

If you have any further questions please contact the Financial Aid Office Monday – Friday between the hours of 8:00am and 5:00pm, or visit our office in Old Main. Our office phone is (419) 434-4791 or 434-4792.