

**University of Louisiana at Lafayette
Office of Student Financial Aid**

2017-2018 SPECIAL CIRCUMSTANCE FORM

Student's Name _____ ULID# _____

SECTION A: SPECIAL CIRCUMSTANCES FOR CONSIDERATION:

Special Circumstances are defined as extreme condition(s) which exist that may warrant re-evaluation of a student's financial aid file. Please review and indicate below which special circumstance applies to you.

Attach a signed statement detailing your circumstance along with the required documents listed below.

| Special Circumstance | For A Dependent Student | For An Independent Student | Required Documentation |
|--|---|--|---|
| <input type="checkbox"/> Loss of Employment | You or your parent(s) income earned in 2016 will be less than that earned in 2015. | Your (and/or your spouse's) income earned in 2016 will be less than that earned in 2015. | <ul style="list-style-type: none"> ▪ 2016 IRS Tax Transcripts for parent/student/spouse ▪ 2016 W-2 wage statements for parent/student/spouse |
| <input type="checkbox"/> Other Loss of Income <ul style="list-style-type: none"> ➢ Alimony ➢ Child Support ➢ Retirement/Pension ➢ Social Security (taxed) ➢ Worker's Compensation | You or your parent(s) received benefits in 2015 which have ceased or reduced in 2016. | You (and/or your spouse's) received benefits in 2015 which have ceased or reduced in 2016. | <ul style="list-style-type: none"> ▪ 2016 IRS Tax Transcripts for parent/student/spouse ▪ 2016 W-2 wage statements for parent/student/spouse |
| <input type="checkbox"/> Separation or Divorce | Your parents separated or divorced AFTER filing the FAFSA. | You and your spouse separated or divorced AFTER filing the FAFSA. | <ul style="list-style-type: none"> ▪ 2016 IRS Tax Transcripts for parent/student/spouse ▪ 2016 W-2 wage statements for parent/student/spouse ▪ Divorce decree/separation agreement or ▪ Proof of separate addresses if not divorced |
| <input type="checkbox"/> Death of a Parent or Spouse | A parent has died AFTER filing the FAFSA. | Your spouse has died AFTER filing the FAFSA. | <ul style="list-style-type: none"> ▪ 2016 IRS Tax Transcripts for parent/student/spouse ▪ 2016 W-2 wage statements for parent/student/spouse ▪ Applicable death certificate |
| <input type="checkbox"/> Medical/Dental Expense | Paid 2016 medical expenses by you or your parents. | Paid 2016 medical expenses paid by you or your spouse. | <ul style="list-style-type: none"> ▪ 2016 IRS Tax Transcripts for parent/student/spouse ▪ 2016 W-2 wage statements for parent/student/spouse ▪ 2016 Schedule A to show itemized amount |
| <input type="checkbox"/> One Time (Lump Sum) Payment Received | You or your parents received a one-time, lump sum payment in 2015. | You (and/or your spouse) received a one-time, lump sum payment in 2015. | <ul style="list-style-type: none"> ▪ 2016 IRS Tax Transcripts for parent/student/spouse ▪ 2016 W-2 wage statements for parent/student/spouse |
| <input type="checkbox"/> Elementary/Secondary Tuition Paid | Tuition paid by your parent for 2016 calendar year. | Tuition paid by you or your spouse for 2016 calendar year. | <ul style="list-style-type: none"> ▪ Letter/Statement from the school verifying amount of tuition paid January—December 2015 |
| <input type="checkbox"/> Parent in College | You have a parent in college for the current academic year. | NOT APPLICABLE | <ul style="list-style-type: none"> ▪ Verification of enrollment and degree pursuing from the college |

Important notes about submitting an appeal due to special circumstances:

- (1) Please be aware that if you filed your 2017-18 FAFSA and received an EFC = Zero (0), you already receive the maximum in federal aid. Submitting this appeal will not result in a change to your financial aid offer.
- (2) If the 2016 income is the same or higher than the 2015 income listed on the FAFSA (due to receiving unemployment, severance pay, other untaxed income, etc.), submitting this appeal will not result in a change to your financial aid offer.

SECTION B: PROJECTED BENEFITS FROM JANUARY 1, 2016 TO DECEMBER 31, 2016

| <u>SOURCE OF INCOME:</u> | FATHER/ STEPFATHER | MOTHER/ STEPMOTHER | STUDENT | STUDENT'S SPOUSE |
|---------------------------------|-------------------------------|-------------------------------|----------------|-----------------------------|
| Worker's Compensation | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Severance Pay | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Retirement Benefits | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Disability Benefits | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Child Support | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Welfare Benefits | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTAL OF ALL INCOME | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

SECTION C: STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in an actual change of the financial aid already offered. (All persons providing information must sign below.)

Student's signature Date

Student's Spouse's signature (if applicable) Date

Parent's signature (if student is dependent) Date

Return to:
UL Lafayette Financial Aid Office
P.O. Box 41206, Lafayette, LA 70504-1206
(337) 482-6506 FAX: (337) 482-6502
email: finaid@louisiana.edu
Foster Hall
<http://financialaid.louisiana.edu>