



Office of Financial Aid

Special Circumstance Form 2016-2017

Name: _____ SSN or Student ID: _____

Phone: _____ E-mail: _____

If your family has experienced a major financial reduction in income and your income and benefits for 2016 will be lower than your previous income and benefits for 2015 or you have special financial problems that could not be reported on your FAFSA, we may be able to reevaluate your financial need. The reduction must result from one of the special conditions listed below, occurring between January 1, 2016 and December 31, 2016. Families and students must realize that financial aid funds are limited and aid programs have statutory limits on the amount a student can receive each year. Additional funds, if available, will usually take the form of a new or increased loan.

Check the condition listed below that describes the change in your situation. **In addition to the requirements shown, below, provide copies of the 2016 Federal Income Tax Transcript of the parent(s) and the student, (and the student's spouse, if married) and W-2's.**

- In the event of a parent or spouse's death after student filed 2016-2017 FAFSA.
(Attach a copy of death certificate)
- Parents have separated or married student has separated **after January 1, 2016**. Enter date of marital separation: _____. Attach a copy of legal separation agreement letter from attorney on legal firm's letterhead stating when legal proceeding will begin.
- Parent or spouse of students suffered permanent and total disability **after January 1, 2016**. Enter date of disability: _____. Attach the following documentation:
- Signed letter from a physician stating the extent and duration of disability (stamped signature not acceptable)
 - Documentation of year-to-date income
 - Disability benefit statement from Social Security Administration
- Parents or an independent student (and spouse, if married) will experience an overall income reduction of at least 20 percent **after January 1, 2016**. Loss of income must result from retirement or change in employment. Enter date of change: _____. Attach the following documentation:
- Dated letter of resignation or termination
 - Documentation of year-to-date income
 - Documentation of lump sum annuity if paid out
- Untaxed income has ceased or has been reduced **after January 1, 201**. Enter date of change: _____.
- Attach supporting documentation.

Attach a written explanation of reduction in income (Must be completed and signed by parent or independent student).

Household Information

Complete only one of the grid boxes below. If you need more space, attach a separate page. Write the names of all family members (not including parents) and the college for any family member who will enroll in a college degree or certificate program and attend at least half-time between July 1, 2016 and June 30, 2017 (half-time attendance is at least one-half of the minimum full time course load).

I. Parent of Dependent Students:

- List the people that you (the parent) will support between July 1, 2016 and June 30, 2017, including:
- The applicant
- Parent(s) (excluding a parent not living in the household as a result of death, separation, or divorce)
- Brothers and sisters of the applicant, if they will receive more than one-half of their support from you between July 1, 2016 and June 30, 2017.
- The applicant's children, if they will receive more than one-half of their support from you between July 1, 2016 and June 30, 2017
- Other persons, if they lived with and received more than one-half of their support from you at the time of application and will continue to receive that support from July 1, 2016 through June 30, 2017

Full Name	Age	Relationship	College

II. Independent Student:

- List the people that you (and your spouse) will support between July 1, 2016 and June 30, 2017. Include:
- Yourself
- Your spouse (excluding a spouse not living in the household as a result of death, separation, or divorce)
- Your dependent children if you will provide more than half of their support between July 1, 2016 and June 30, 2017
- Other persons, if they lived with you and received more than one-half of their support from you at the time you completed your FAFSA and will continue to receive that support from July 1, 2016 through June 30, 2017.

Full Name	Age	Relationship	College

Estimated Income Information

Complete both of the sections (Gross Taxed and Untaxed) below with income before exemptions adjustments, or deductions) that you or your family expects to receive from January 1, 2016 through December 31, 2016. Complete all items. If there will be no income in any specific category, write NONE in the income box for the category. **(Parents and students must attach complete, copies of 2015 Federal Tax Transcripts).**

Student	Spouse	2015 Estimated Gross Taxable Income	Father	Mother
\$	\$	1. Wages, salaries, tips (include severance pay).	\$	\$
\$	\$	2. Pensions and annuities.	\$	\$
\$	\$	3. Interest and dividends and capital gains.	\$	\$
\$	\$	4. Business or farm income.	\$	\$
\$	\$	5. Social Security benefits (taxable).	\$	\$
\$	\$	6. Income received from rents after expenses paid for mortgage.	\$	\$
\$	\$	7. Alimony.	\$	\$
\$	\$	8. Unemployment compensation.	\$	\$
\$	\$	9. Any other taxed income.	\$	\$
\$	\$	Total 2016 Estimated Income	\$	\$
Student	Spouse	2016 Estimated Untaxed Income	Father	Mother
\$	\$	1. Payment to tax deferred pension and saving plans (directly or withheld from earnings). Include untaxed contributions to 401k and 403 plans.	\$	\$
\$	\$	2. Deductible IRA and/or Keogh payments.	\$	\$
\$	\$	3. Social Security benefits (include SSI and disability.)	\$	\$
\$	\$	4. Retirement or disability benefits.	\$	\$

\$	\$	5. Worker's Compensation.	\$	\$
\$	\$	6. Welfare benefits including Temporary Assistance for Needy Families (TANF). Do not include food stamps.	\$	\$
\$	\$	7. Untaxed portions of pensions.	\$	\$
\$	\$	8. Living and housing allowances (excluding rent subsidies for low income housing) for clergy, military and other (include cash payments or cash value benefits.)	\$	\$
\$	\$	9. Child support or money paid behalf of the student of the family.	\$	\$
\$	\$	10. Cash support or money paid on behalf of the student or the family.	\$	\$
\$	\$	11. Veteran's benefits (except student's educational benefits).	\$	\$
\$	\$	12. Railroad retirement benefits.	\$	\$
\$	\$	13. Railroad retirement benefits.	\$	\$
\$	\$	14. Cash or any money paid on your behalf, not reported elsewhere on this form.	\$	\$
\$	\$	Total 2016 Estimated Untaxed Income	\$	\$

Certification

Return this form with the following to the Office of Financial Aid, 14000 Jericho Park Road, Bowie, MD 20715.

- Complete copy of parents 2015 Federal Income IRS Transcript and W-2's
- Complete signed copy of student's 2015 Federal Income Tax Transcript (and spouse if student is married) and W-2's
- All other required supporting documentation

I certify that the information on this form is true and correct to the best of my knowledge and belief. **I understand that if I underestimate 2016 income, I may lose eligibility for future aid and have to repay financial aid.**

Name of parent Signature (Must be Notarized) Date

Complete address of parent

Signature of independent student (Must be Notarized) Date

THIS FORM WILL NOT BE REVIEWED WITHOUT REQUIRED DOCUMENTATION.

You will receive a response to this request approximately 2 weeks after receipt of all required documentation.