

2023-2024 Special Circumstance

Federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. By completing this form, you are indicating that there has been substantial change in your family's financial situation, and you would like us to take this updated information while reviewing financial aid eligibility for 2023-2024.

Documentation and a letter from the student or parent explaining the situation must be attached to this request. Students selected for verification must complete the verification process prior to this request being reviewed.

Note: This form does not guarantee increase in financial aid eligibility.

BE SURE TO:

Complete the entire form. **Do not leave anything blank.** If not applicable, enter "N/A" or a "0". Incomplete requests will be denied. Students will be notified via CFK email of the result of this request.

A. Student / Parent Information (Parent information required if dependent student)

Student Name	Student Email Address	CFK Student ID
Parent Name	Parent Email Address	Parent Phone Number

B. Reason for Request (please check box that **BEST describes the change in your situation)**

<input type="checkbox"/>	Unemployment or change in employment (minimum 20% income reduction)
	<ul style="list-style-type: none"> Provide a copy of the separation notice or letter from employer regarding date of separation Provide letter of eligibility from The Department of Labor (if eligible for benefits) Provide a copy of last pay stub
<input type="checkbox"/>	Divorce/Separation (requires parents live in separate households)
	<ul style="list-style-type: none"> Provide copy of divorce decree (include custody and child support agreements) Signed attorney statement with date of separation Copy of legal separation document (include custody and child support agreements) Parent most recent W2's if taxes were filed jointly
<input type="checkbox"/>	Death of spouse or parent
	<ul style="list-style-type: none"> Copy of death certificate or obituary notice
<input type="checkbox"/>	One-time income (IRA withdrawal, sell of house, etc.)
	<ul style="list-style-type: none"> Documentation of distribution (copy of settlement, letter from employer, Form 1099, etc.) Identify the source of one-time income _____
<input type="checkbox"/>	Unusual medical or dental expenses not covered by insurance or a health care flexible spending account
	<ul style="list-style-type: none"> Documentation of medical bills paid during prior tax year. If there is an ongoing condition, please provide documentation and/or estimate of treatment costs

C. Other Required Documentation

In addition to the above documents, you must submit all of the following forms to Financial Aid for consideration: (If you have already submitted these documents for verification purposes, do not re-submit).

- Signed written statement detailing the specifics of your circumstance
- Submit a complete signed copy of your/spouse’s 2021 and 2022 federal tax returns (including schedules)
- If dependent, submit a complete signed copy of your parent(s) 2021 and 2022 federal tax returns (including schedules)
- Submit copies of all 2021 and 2022 W-2 forms for student/spouse and parent(s) (if taxes were not filed, but had earned wages)
- 2023-2024 Independent / Dependent Verification Form
- 2023-2024 Income Summary/Household Expenses Form (p.2 of this document)

INCOME FOR 2022	Student	Spouse (if applicable)	Parent(s) (if dependent student)
Wages, salaries, tips (include severance pay, disability pay and work)			
Untaxed Social Security benefits			
Other taxable income (unemployment benefits)			
Child Support received			
Other untaxed income			

D. Income Summary / Household Expenses for 2023-2024

Monthly Expenses	Amount	Monthly Benefits	Amount
Rent / Mortgage	\$	Income from work	\$
Electricity	\$	Alimony	\$
Gas	\$	Child Support	\$
Phone	\$	TANF	\$
Food	\$	Food Stamps	\$
Water	\$	Social Security Benefits	\$
Child Care	\$	VA Benefits	\$
Transportation	\$	Family Members	\$
Personal Expenses	\$	Churches	\$
Miscellaneous Expenses	\$	Disability	\$
Insurance	\$	Workers Compensation	\$
<u>TOTAL EXPENSES</u>	<u>\$</u>	<u>TOTAL BENEFITS</u>	<u>\$</u>

E. **Explanation of Support**

F. **Certification and Signatures**

You and your parent (if applicable) whose information was provided on the FAFSA must sign and date this worksheet. Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **Note: Electronic/typed signatures are not acceptable.**

Student Signature _____

Date _____

Parent Signature _____

Date _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.