



2017-2018 Independent Special Circumstance Form

Please complete and return to:

Utica College, Student Financial Services
1600 Burrstone Road, Utica, New York 13502
Fax: 315-792-3368 • Email: sfs@utica.edu

Student Name

Utica College ID Number

Anticipated Graduation Date: _____

Parent 1 Print Name

Parent 2 Print Name

The Office of Student Financial Services realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to help you address your need for additional financial assistance due to your family's current economic situation. Please do not complete this application until you have received a Financial Aid Award package.

Please note, in order to accurately project the impact of your special circumstances, it will be necessary to verify all financial information reported on your 2017-18 FAFSA.

- If you were selected for verification for the 2017-18 academic year and documentation is already on file with Student Financial Services, you do not have to resubmit the required verification documents.
- If you were not selected for verification for the 2017-18 academic year, please provide the following:

Parent		Student	
• 2017-18 Household Information Worksheet • Independent Special Circumstance Form		• 2017-18 Household Information Worksheet • Independent Special Circumstance Form	
Tax filer	Non-Tax filer	Tax filer	Non-Tax filer
• 2015 IRS Tax Return Transcript* • 2015 W-2 Forms • Any Schedule C or K-1 tax forms	• 2015 Non-filer Worksheet • 2015 W-2 Forms	• 2015 IRS Tax Return Transcript* • 2015 W-2 Forms • Any Schedule C or K-1 tax forms	• 2015 Non-filer Worksheet • 2015 W-2 Forms

* You can request an IRS Transcript by (1) ordering online at www.irs.gov, "Order a Tax Return Transcript", (2) calling 800-908-9946 or (3) submitting Form 4506-T through the mail.

Please indicate how you would like to be notified once all documentation has been received and your appeal has been reviewed by the committee:

☐ Mail: (Student address on file)

☐ Email: _____

☐ Fax: (_____) _____

Special Circumstance for Consideration

Read through each circumstance explained below and check the special condition(s) that best describe your current situation. **Submit the completed Special Circumstance Form along with all required documentation** as outlined below to the Office of Student Financial Services. Review of your special circumstance will not begin until **all** required documentation is received. Please allow 10-14 business days for a response.

Special Circumstance	Required Documentation
<input type="checkbox"/> Change in Marital Status: A recent widowed, divorced or separation situation. Current Marital Status: _____ Marital Status Date: _____	€ Provide a detailed letter explaining the situation € 2016 W-2 forms € 2016 Tax Return Transcripts € Legal Divorce Agreement € Proof of Separate Address for both parents € Copy of Death Certificate, if appropriate
<input type="checkbox"/> Reduction or Loss of Income: Income loss or reduction due to unemployment, job change, bankruptcy, illness, etc. Dates of Job Loss: _____ to _____ Dates of Unemployment: _____ to _____	€ Provide a detailed letter explaining the situation € 2016 W-2 forms € 2016 Tax Return Transcripts € Proof of reduction or loss of job € Statement from employer € Copy of last pay stub and/or new job pay stub € Copy of unemployment benefits
<input type="checkbox"/> Reduction or Loss of Benefits: Reduction or loss of child support, social security, alimony, untaxed retirement or disability pension, Workers Compensation, etc.	€ Provide a detailed letter explaining the situation € Provide all supporting documentation showing the reduction of loss of benefits
<input type="checkbox"/> Extraordinary Expenses: Expenses incurred within the prior year (uninsured medical expenses, catastrophic event costs, etc.)	€ Provide a detailed letter explaining the situation € Provide all supporting documentation, including copies of paid receipts or cancelled checks (<u>NOT BILLS</u>) showing expenses incurred.
<input type="checkbox"/> One-time Income that Occurred in 2015	Provide information on where the funds came from and what they were used for.

Certification and Signatures

The information provided on this form is true and complete to the best of my knowledge. I agree to notify the Office of Student Financial Services of any error, omission or further circumstances that may affect the accuracy of the above information. I understand that failure to comply with this agreement could result in the forfeiture of financial aid eligibility for the student.

Student Signature

Date

Spouse Signature (If applicable)

Date