



2015-2016 Dependent 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 _____

Year in School (circle one): FR SO JR SR

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 2015-16 FAFSA. If you were selected for verification for the 2015-16 academic year and documentation is already on file with Student Financial Services, you do not have to resubmit the required verification documents.

Please complete and submit:

Tax filer- Please send us your 2014 IRS Tax Return Transcript or update your FAFSA using the IRS Data Retrieval option, if eligible, along with the 2015-16 Household Information Worksheet and all 2014 W-2's or Schedule C.

* 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.

Non-Tax Filer- Please submit a Non-Filer Statement and 2014 W-2's, along with the 2015-16 Household Information Worksheet.

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:

A. 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 a letter of explanation and 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: _____	Legal document substantiating change of marital status or proof of separate residences; copy of death certificate if appropriate. Complete Section B of this form using custodial parent income information only.
<input type="checkbox"/> Reduction or Loss of Income: Income loss or reduction due to unemployment, job change, bankruptcy, illness, etc.	Proof of reduction or loss of job; statement from employer, copy of last pay stub and/or new job pay stub and/or copy of unemployment benefits. Complete Section B of this form for affected wage earner.
<input type="checkbox"/> Reduction or Loss of Benefits: Reduction or loss of child support, social security, unemployment compensation, alimony, untaxed retirement or disability pension, TANF, etc.	Include in Section B any child support, alimony or life insurance payments expected in 2015.
<input type="checkbox"/> Extraordinary Expenses: Expenses incurred within the prior year (uninsured medical expenses, catastrophic event costs, etc.)	Provide a detailed letter of explanation of the situation and provide all supporting documentation, including copies of paid receipts or cancelled checks (NOT BILLS) showing expenses incurred.
<input type="checkbox"/> One-time Income that Occurred in 2014	Provide information on where the funds came from and what they were used for.

B. Anticipated 2015 Income Calculation

Please list in the tables below any anticipated income for the calendar year 2015. **Do not leave spaces blank, enter zero if it does not apply.** If a job change has occurred, report any wages earned prior to end of employment, severance package, unemployment compensation expected and any additional wages from other work or sources of income through December 31, 2015. Include copy of current pay stub if appropriate to document reduction in income.

Expected Wages From Work In 2015	Parent 1	Parent 2
Wages earned from January 1, 2015 to TODAY	\$	\$
Wages expected from TODAY to December 31, 2015	\$	\$

Other Taxable Income	Parent 1	Parent 2
Alimony	\$	\$
Business or Farm Income	\$	\$
IRA Distribution	\$	\$
Pensions and Annuities	\$	\$
Unemployment Compensation	\$	\$
Taxable Social Security Benefits	\$	\$
Other (rentals, royalties, etc.)	\$	\$

Non-Taxable Income	Parent 1	Parent 2
Welfare benefits, including TANF (do not include food stamps)	\$	\$
Untaxed Social Security Benefits (such as SSI)	\$	\$
Tax Deferred Pension and Savings Payments	\$	\$
Child Support Received for all Children	\$	\$
Untaxed Portions of IRA Distributions (exclude rollovers)	\$	\$
Untaxed Portions of Pensions (exclude rollovers)	\$	\$
Living Allowances for clergy, military and others	\$	\$
Veterans Non-Education Benefits	\$	\$
Other Untaxed Income (Workers Compensation, Disability, etc.)	\$	\$
Money Received or Paid on Your Behalf (bills, gifts, etc.)	\$	\$

C. 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.

Parent 1 Print Name

Parent 1 Signature

Date

Parent 2 Print Name

Parent 2 Signature

Date