



ASSUMPTION COLLEGE

WORCESTER, MASSACHUSETTS | ROME, ITALY

Office of Financial Aid
500 Salisbury Street
Worcester, MA 01609
Phone: (508) 767-7158
Fax: (508) 767-7376
E-mail: fa@assumption.edu

2018-2019 STUDENT / PARENT SPECIAL CIRCUMSTANCES

Student Name: _____ Student ID#: _____

Address: _____ City/State/Zip: _____

Parent Phone #: _____ Parent E-mail Address: _____

PLEASE READ BELOW BEFORE SUBMITTING THIS FORM.

According to federal laws and regulations, a family's 2016 income is used to assess financial need for the 2018-19 academic year. If a family's 2017 income is significantly lower due to special circumstances, a financial aid administrator may be able to use the 2017 income to assess financial need. This request automatically requires Federal Verification of the information reported on the FAFSA. **In order to assess your situation and satisfy verification requirements, you must complete all required sections of this form and remit with ALL REQUIRED DOCUMENTATION listed below.**

SECTION 1

All five steps must be completed and/or submitted with this form before your special circumstance can be considered.

- ☐ Complete all required sections of this form in their entirety and submit with ALL NECESSARY DOCUMENTATION.
- ☐ Complete the 2018-19 Dependent Verification Worksheet and remit with this form.
- ☐ Attach copies of parent and student 2016 Tax Return Transcripts (NOT 1040 tax form) and all W-2s if IRS Data Retrieval has not been accomplished.
- ☐ Submit parent and student 2017 Tax Return Transcripts when available.
- ☐ Attach a sheet explaining your Special Circumstance.

SECTION 2

Please check which Special Circumstance(s) apply to you (listed on the next page). *Any documentation listed as required but not submitted will cause a delay in reviewing your request.* The Office of Financial Aid reserves the right to request additional documentation not listed on this form.

Special Circumstances do not include the following:

- Student or parent(s) who does not wish to borrow to cover educational expenses
- Parent(s) refusal to contribute to educational expenses
- Parent(s) payment of student loans for older sibling
- Expenses such as credit card debt, wedding expenses, sports, enrichment activities, etc.

If you cannot check one of the boxes in this section (on next page), do not continue with this form and contact the Office of Financial Aid for assistance.

SPECIAL CIRCUMSTANCE DUE TO INCOME CHANGE

CHOOSE ONE		REQUIRED DOCUMENTATION
<input type="checkbox"/> Loss of Employment Date of loss: _____	Your parent's 2017 income will be less than their earned 2016 income.	1. Last paystub with year-to-date earnings for 2017 with severance package (if received) 2. Statement of Unemployment Benefits 3. Documentation confirming separation of service 4. Completion of 2017 income chart (Section 3)
Loss of Taxable/Untaxed Income <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other: _____ Date of Loss: _____	Your parents received benefits in 2016 which ceased or have been reduced for 2017.	1. Documentation verifying effective date of loss 2. Completion of 2017 income chart (Section 3)
<input type="checkbox"/> One-Time Income	Your parent received a one-time income in 2016. May include a pension or IRA distribution, inheritance or bonus.	1. Documentation supporting one-time income 2. Explanation of why one-time income is not available for educational purposes

SPECIAL CIRCUMSTANCE DUE TO FAMILY CHANGE

CHOOSE ONE		REQUIRED DOCUMENTATION
<input type="checkbox"/> Separation or Divorce Date of Sep/Divorce: _____	Your parents have separated or divorced after completion of the FAFSA.	1. Legal separation papers/divorce decree/letter of attorney 2. Documentation of any child support/alimony to be received per month 3. Completion of 2017 income chart (Section 3)
<input type="checkbox"/> Death of a Parent/Spouse Date of Death: _____	A parent or spouse has died after the completion of the FAFSA.	1. Copy of Death Certificate 2. Statement of Survivor Benefits 3. Completion of 2017 income chart (Section 3)

SECTION 3

Report all income you have earned in 2017 or you expect to receive from the listed sources. **You must attach documentation of how you determined your 2017 income.** This documentation may include recent pay stubs with year-to-date earnings, a letter from an employer stating your earnings to date, statement of unemployment compensation, etc.

SOURCES OF INCOME	2017 TOTAL INCOME
Income earned from work by Parent 1 (wages, salaries, tips, net business/farm income)	\$
Income earned from work by Parent 2 (wages, salaries, tips, net business/farm income)	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, rental/business income, etc.) Source: _____	\$
Social Security Benefits	\$
Welfare Benefits including Temporary Assistance for Needy Families (TANF)	\$
Child Support received	\$
Other Untaxed Income (pre-tax pension contributions, tax-exempt interest/dividends, worker's compensation, payments to IRA/Keogh, etc.)	\$
TOTAL	\$

CERTIFICATION: I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that if I do not provide ALL the required documentation and proof of the information on this form to the Office of Financial Aid the student CANNOT be evaluated for Special Circumstances. Due to the number of submissions we receive we are unable to follow up on incomplete files. **I understand that outstanding charges must be paid by the due date regardless of submission of this form.** By signing* this sheet, I am stating that all three steps of section 1 have been fully completed including all mandatory forms, i.e. Verification Worksheet and IRS Data Retrieval, and any required documents are submitted with this worksheet.

Parent's Signature* _____ Date _____

Student's Signature* _____ Date _____