

Office of Financial Aid

500 Salisbury Street Worcester, MA 01609 Phone: (508) 767-7158 Fax: (508) 519-1286 E-mail: fa@ assumption.edu

2019-2020 STUDENT / PARENT SPECIAL CIRCUMSTANCES

Stude	nt Name:	Student ID#:
Addre	ss:	City/State/Zip:
Parent	: Phone #:	Parent E-mail Address:
	PLE	SE READ BELOW BEFORE SUBMITTING THIS FORM.
acader may be the infe	nic year. If a family's 2018 i e able to use the 2018 incor ormation reported on the F	ations, a family's 2017 income is used to assess financial need for the 2019-20 come is significantly lower due to special circumstances, a financial aid administrator e to assess financial need. This request automatically requires Federal Verification of FSA. In order to assess your situation and satisfy verification requirements, you as of this form and remit with ALL REQUIRED DOCUMENTATION listed below.
All five		SECTION 1 nd/or submitted with this form before your special circumstance can be
	Complete the 2019-20 De Attach copies of parent ar Retrieval has not been acc	2018 Tax Return Transcripts when available.

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.

SPEC	IAL CIRCUMSTANCE DUE TO IN	ICOME (CHANGE
CHOOSE ONE			REQUIRED DOCUMENTATION
☐ Loss of Employment Date of loss:	Your parent's 2018 income less than their earned 20 income.		Last paystub with year-to-date earnings for 2018 with severance package (if received) Statement of Unemployment Benefits Documentation confirming separation of service Completion of 2018 income chart (Section 3)
Loss of Taxable/Untaxed Income Child Support Alimony Worker's Compensation Other: Date of Loss:	Your parents received bene 2017 which ceased or have reduced for 2018.	been	Documentation verifying effective date of loss Completion of 2018 income chart (Section 3) Documentation supporting one-time income
☐ One-Time Income	2017. May include a pension o distribution, inheritance or bo	nus.	Explanation of why one-time income is not available for educational purposes
SPEC	IAL CIRCUMSTANCE DUE TO F	AMILY C	CHANGE
CHOOSE ONE			REQUIRED DOCUMENTATION
☐ Separation or Divorce	Your parents have separat divorced after completion		Legal separation papers/divorce decree/letter of attorney Documentation of any child support/alimony to
Date of Sep/Divorce:	FAFSA.		be received per month 3. Completion of 2018 income chart (Section 3)
☐ Death of a Parent/Spouse Date of Death:	A parent or spouse has died the completion of the FA		Copy of Death Certificate Statement of Survivor Benefits Completion of 2018 income chart (Section 3)
	is documentation may include re	cent pay	stubs with year-to-date earnings, a letter from
an employer stating your earnings to date, statement of unemployment com			
SOURCES OF INCOME			2018 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, interes unemployment compensation, capital gas Source:		\$	
Social Security Benefits	Social Security Benefits		
Welfare Benefits including Temporary A	ssistance for Needy Families (TANF)	\$	
	Child Support received		
Other Untaxed Income (pre-tax pension interest/dividends, worker's compensation		\$ \$	
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 <u>ALL</u> 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	