University of Dubuque
2017- 2018 Award Year
Special Circumstances Request Form

Student Name: _____   **ID:** _____

If you and your family have experienced unusual circumstances, complete this form to the best of your ability and provide the requested documentation to our office. We will review your request and respond as quickly as possible. This is not an all–inclusive list. If you have experienced a hardship that is not listed here, provide us with as much detail as possible on how the situation has affected you financially, either in terms of income loss or additional expenses.

[ ] **Unusual Medical & Dental Expenses** for independent students/spouse & parents of dependent students
Amount paid for medical / dental insurance in 2016. Do <u>not</u> include employer's contribution:
_____

2016 medical / dental expenses not covered by insurance: _____

Will your non-reimbursed medical / dental expenses be lower, the same, or higher in 2016 and why?

_____

    Documentation examples: 2016 Federal income tax form, Schedule A – Itemized Deduction; receipts of medical and dental payments.

[ ] **Elementary and Secondary School Costs**   **Child Care and Dependent Care Costs**

List the family member and the amount of relevant support given for each:

Name of family member	Age	Relationship	Amount	Type of Expense
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____

Please explain if these expenses will be lower, the same, or higher in 2017 and why:

_____

_____

_____

    Documentation examples: receipts for tuition payments; signed itemized statement of expenses.

[ ] **Unusual Debts -- addresses** families with high debt payment for unusual circumstances, such as mortgages or credit card debts to cover unemployment expenses or failed business; legal fees for divorce, adoption, etc; education loans of parents or spouses; or personal debts for non-discretionary expenses.

List the type and purpose of debt, total amount owed, and amount of monthly payments:

Type or Cause of Debt	Original Debt	Amount Owed	Mo Pmt
_____	_____	_____	_____

_____ _____ _____ _____

Please explain if these expenses will be lower, the same, or higher in 2017 and why:

_____

_____

Documentation examples: contract, mortgage or lien; billing or payment summary from the individual, company or agency to which the money is owed.

[ ] **Income reduction --** If your income and / or your spouse's or parents' income will be less in 2017 than it was in 2016, check the appropriate reason and explain the situation below.

  [ ] Unemployment or change in employment
  [ ] Divorce or separation
  [ ] Disability of student, spouse, or parent
  [ ] Natural disaster
  [ ] Loss of untaxed income or benefit
  [ ] One time income – inheritance, moving expense allowance, IRA or pension distribution

Explanation of your situation including the dates of the change in your situation:

_____

_____

_____

Anticipated income for 2017:	**Parents**	**Student/Spouse**
Wages, salaries, tips, severance pay, disability pay	_____	_____
Other taxable income	_____	_____
ADC / AFDC	_____	_____
Child support received	_____	_____
Other untaxed income	_____	_____

If you or your parents divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent, give only your information or the information of your surviving parent.

Documentation examples: signed statements documenting estimated earnings, or verification of actual social security, unemployment benefits, workers compensation benefits, or disability payments.

Certification: _The information listed on this form is true and correct to the best of my/our knowledge. I understand that knowingly giving false information will result in a review of my financial aid eligibility._

_____   _____

Signature of Student   **Date**

_____   _____

Signature of Parent (for dependent student)   **Date**

_____   _____

Signature of Spouse (for married students)   **Date**