

3. List all sources of unearned income or benefits for the year for which you are providing tax information (2018 or 2019).
Examples include: unemployment compensation, dividends, capital gains, earned income credits, TANF, Child Support, Social Security, disability, etc.

Income or Benefit	Annual Amount

Section C. Special Circumstances

Indicate the reason for the requested review of your family's financial situation and provide indicated documentation.

- Loss of job or parental loss of job or reduction of hours**
Suggested Documentation: Letter(s) from applicable former employer(s) stating the last date of employment.
- Loss of benefits (Social Security Benefits, Child Support, Worker's Compensation, Alimony, Unemployment Benefits, etc.)**
Suggested Documentation:
- Copy of benefit termination notice and amount of benefits received in **2018 or 2019**.
 - Copy of divorce decree indicating the last date of child support.
 - Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment.
- One time income in 2017 (i.e., sale of home, capital gains, etc.)**
Suggested Documentation: Letter explaining the situation and any applicable additional tax documentation.
- You and your spouse or your parents (if dependent) have been separated or divorced since completing the FAFSA.**
_____ **Date of Separation or Divorce**
Required Documentation: Attach a copy of the Separation Order/Agreement or Divorce Decree.
- Your spouse (or a parent) has died since completing the FAFSA.**
Required Documentation: Attach a copy of the Death Certificate.

Section D. Documentation Required

****A detailed letter must be attached to this request form documenting your circumstances****

Section E. Certification and Signature

My signature below certifies that the information I have provided on this form is true. I agree to provide proof of the information if and/or when requested. I understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

Parent Signature (if applicable): _____ Date: _____

Student Signature: _____ Date: _____

Office Use Only

Reviewer Notes

Approved: Yes No No Follow Up Current EFC: _____ New EFC: _____

Reviewer Initials: _____ Date: _____