

Special Circumstance Form

2014-2015

Independent Student

Financial Aid Office - 2001 S. Summit Ave - Augustana College, Sioux Falls, South Dakota 57197

fax: 605-274-5295

financial.aid@augie.edu

Student name

Student ID

Address

Telephone no.

City, State, Zip Code

If you have unusual circumstances, complete this form and submit it with the required documentation to the Augustana College Financial Aid Office.

Documentation required: Preferred documentation is to use the FAFSA-IRS tax data retrieval process.

If not eligible for the FAFSA-IRS tax data retrieval process, provide your (and, if applicable, spouse's) 2013 Federal Tax Return Transcript.

Access and print your (and your spouse's) free IRS Tax Return Transcript (pdf) at www.irs.gov/transcript

or call 1.800.908.9946 and follow the message prompts. Note: Federal 1040, 1040A, 1040EZ tax forms are not acceptable.

If not required to file taxes for 2013, W-2 forms must be provided to document income earned from work.

Additional documentation may be required; please review each section of this form.

Examples of unusual circumstances (check all that apply to your situation):

- Tuition expenses at an elementary or secondary school – complete Section 1.
- Adult care expenses – complete Section 1.
- Unusual medical or dental expenses not covered by insurance (*) – complete Section 2.
- Unusual Debts – complete Section 3.
- Income reduction or nonrecurring income – complete Section 4.

* Unusual Medical/Dental Expenses

A percentage of family medical/dental expenses are taken into consideration by the federal needs analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 5% of the AGI will be considered an unusual circumstance.

Complete all sections that may apply to your family's special circumstance.

Section 1. Tuition expenses at an elementary or secondary school and Adult Care expenses for household members

Documentation required: Provide your/spouse's 2013 Federal Tax Return Transcript. Access and print your (and your spouse's) free IRS Tax Return Transcript (pdf) at www.irs.gov or call 1.800.908.9946 and follow the message prompts.

Statement of elementary and/or high school tuition paid for dependents or receipts for tuition payments; and, if applicable, signed statement of payment total or itemized receipts for adult/elder care.

1. Did you/spouse pay for elementary and/or high school tuition OR for adult care expenses in 2013 or 2014? circle one.... YES NO

2. If "YES", provide the following information for each family member whom you included in your family size on your FAFSA application:

(if more space required, attach separate paper)

Name of family member(s) _____ Age(s) _____

Elementary/secondary education expense for 2013 \$ _____ Total amount to be paid in 2014 \$ _____

3. Adult care expense for 2013 \$ _____ Total amount to be paid in 2014 \$ _____

Section 2. Unusual Medical/Dental Expenses

Documentation required: Provide your/spouse's 2013 Federal Tax Return Transcript. Access and print your (and your spouse's) free IRS Tax Return Transcript (pdf) at www.irs.gov or call 1.800.908.9946 and follow the message prompts. If you/spouse did not itemize medical/dental expenses, provide a statement (or synopsis of receipts) of medical/dental out-of-pocket payments made in 2013; it is not required to submit a copy of each medical out-of-pocket receipt.

1. How much did you/spouse pay for medical and/or dental insurance premiums in 2013? \$ _____

2. How much did you/spouse pay for medical and/or dental expenses not reimbursed by insurance in 2013? \$ _____

Section 3. Unusual Debts

Documentation required: Provide your/spouse's 2013 Federal Tax Return Transcript. Access and print your (and your spouse's) free IRS Tax Return Transcript (pdf) at www.irs.gov or call 1.800.908.9946 and follow the message prompts.

Provide billing statement, payment summary or receipts from agency, company, or person to whom payments are being made.

1. Do you/spouse have unusual debts or loans on which you/spouse are currently making monthly payments? circle one.... YES NO

(For example: education loan payments for you/spouse; PLUS payments for dependents; legal fees for divorce, adoption; court mandated payments; etc.)

2. If "YES", provide the following information (if more space required, attach separate paper):

Type or cause of debt _____

Owed by whom? _____

Monthly payment \$ _____ Total amount paid in 2013 _____ Total amount to be paid in 2014 \$ _____

Section 4. Income/Resource Reduction or Nonrecurring Income/Resource

Documentation required: ► Your/spouse 2013 Federal Tax Return Transcript is required. Access and print your (and your spouse's) free IRS Tax Return Transcript (pdf) at www.irs.gov/transcript or call 1.800.908.9946 and follow the message prompts.

1. Will your (and/or your spouse's) income and/or resources be significantly less in 2014 than 2013? circle one..... YES NO

2. If you answered "YES", check the appropriate reason below and explain, giving the date of the change in your family situation:

Date of occurrence _____

- a. Unemployment or change in employment; do not submit worksheet and documentation prior to August 1, 2014 unless you/spouse is currently re-employed and/or reduced income/resource information is known as of today's date.
Documentation: Provide documentation of last day worked or copy of notification from employer stating change in employment/termination; copy of final payroll statement; copy of most recent payroll statement from new employment; etc.
- b. Divorce/separation -- provide only your income/resource information
Documentation: Attach copy of separation/divorce decree or a signed statement regarding the separation/divorce effective date and a copy of your 2013 W-2 forms. When completing Section 4 (below), provide only your estimated 2014 income/resource information.
- c. Death of spouse -- provide only your income/resource information
Documentation: Attach signed letter noting date of death and copy of your 2013 W-2 forms. When completing Section 4 (below), provide only your estimated 2014 income/resource information.
- d. Loss of child support
Documentation: Attach a letter or court document stating termination of benefits, effective date. When completing Section 4 (below), indicate the reduced 2014 child support when reporting income/resources in Section 4, question 3.
- e. One-time income (e.g., inheritance, moving expense allowance, non-recurring capital gain, Roth IRA, etc.)
Documentation: Identify the source of income/resource, the amount, and how the funds were spent or invested. Provide 2013 Federal Tax Return Transcript; highlight/identify one-time income.
- f. Disability of student or spouse
- g. Other _____
Documentation for (f), (g): signed statements documenting estimated 2014 income/resources. Include copy of most recent payroll statement, etc. Provide adequate documentation to assist in a fair review of your family's special circumstance.

3. Provide the following estimated 2014 income/resource information; if estimated 2014 income will be approximately the same as in 2013, indicate "same". Include all applicable estimated 2014 taxable and untaxed income/resources. Do not leave blank.

Include actual amount earned/received January 1, 2014 to present date, plus estimated amount to be earned/received present date thru December 31, 2014.

<u>Estimated 2014 TAXABLE Income</u>	Estimated Income Student	Estimated Income Spouse
Wages, salaries, tips	\$ _____	\$ _____
Net income/loss from business/farm	\$ _____	\$ _____
Other taxable income (interest/dividend, capital gains, unemployment, alimony, taxable disability payments, severance pay, etc.)	\$ _____	\$ _____
Total estimated 2014 TAXABLE Income.....	\$ _____	\$ _____
 <u>Estimated 2014 UNTAXED Income</u> - refer to FAFSA #45 a. thru j.		
Child support	\$ _____	\$ _____
Untaxed housing, food and other living allowances paid to military, clergy, others	\$ _____	\$ _____
Untaxed portion of pensions, Veterans benefits, etc. ...do NOT include Social Security or SSI	\$ _____	\$ _____
Tax deferred elective payments to 401K, 403B, untaxed elective contributions to SEP/SIMPLE, IRA/Keogh	\$ _____	\$ _____
Other untaxed income ...do NOT include untaxed Social Security or SSI	\$ _____	\$ _____
Total estimated 2014 UNTAXED Income.....	\$ _____	\$ _____

CERTIFICATION: We certify that the information provided on this worksheet and any attached documentation is true and complete to the best of my knowledge.

Student signature

Date

Student signature required on this worksheet prior to review by the Augustana College Financial Aid Office.