

# 2016-17 Special Circumstance Review Request

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ BW Student ID #: \_\_\_\_\_

The BW Financial Aid Office (FAO) recognizes that sometimes the FAFSA does not adequately reflect a family's financial situation due to extenuating circumstances. The FAO is given authority by federal regulation to make adjustments to information submitted on a FAFSA on a case-by-case basis if we believe such adjustments are warranted. Listed below are situations in which we may consider making adjustments.

**As part of the Special Circumstance Review process, you must also complete the Federal process called "verification."**

The Verification Worksheet is included in this packet and outlines the additional information the FAO needs from you, including official IRS tax return transcripts. If you have not already completed the verification process prior to submitting this special circumstance review request, **you must submit copies of your official IRS tax return transcript(s) or successfully used the IRS Data Retrieval Tool option on your FAFSA. You may still be asked for tax documentation.**

You may type your answers directly onto these forms, however, an ink signature is required on this form and the Verification Worksheet. To submit, you may a) attach a scanned copy of your signed forms and all required supporting documents in an email to [finaid@bw.edu](mailto:finaid@bw.edu); or b) print your completed form and mail or drop off to our office at the address below (with all required supporting documents). **Please note: Your request may not result in an increase of your financial aid eligibility. If it does, a revised Award Letter will be issued.**

**ALL documentation is required before your request can be reviewed.  
Missing or incomplete information may delay the processing of your request.**

**Please indicate the circumstance(s) which you feel warrants a review of the information on your FAFSA:**

- Loss of job. *The following supporting documents are required:*
- Documentation which indicates the job loss and the last date of employment (e.g., a letter from the employer).
  - Copy of last paystub from lost job which shows year-to-date earnings for 2016.
  - Copy of most recent paystub(s) from all other jobs held in 2016 by student.
  - Copy of most recent paystub(s) from all other jobs held in 2016 by parents (dependent students) or spouse (if student is married).
  - Documentation of severance and/or unemployment pay received (or to be received) in 2016.
  - Copies of all W2s from 2015 (dependent students - submit your parents' W2s; independent students - submit your and your spouse's W2s if you are married).

- Retirement. *The following supporting documents are required:*
- Copy of retiree's final paystub, showing year-to-date earnings for 2016.
  - Copy of most recent paystub(s) from all other jobs held in 2016 by student.
  - Copy of most recent paystub(s) from all other jobs held in 2016 by parents (dependent students) or spouse (if student is married).
  - List of source(s) and amount(s) of retirement income received (or to be received) in 2016.
  - Copies of all W2s from 2015 (dependent students - submit your parents' W2s; independent students - submit your and your spouse's W2s if you are married).

Please indicate name of retiree: \_\_\_\_\_ Last date of employment: \_\_\_\_\_

- Separation or divorce. *The following supporting documents are required:*
- Copy of separation agreement or divorce decree.
  - Copies of all W2s from 2015 (dependent students - submit your parents' W2s).
  - Copies of the most recent paystubs from all jobs held in 2015 by the student (if independent) or the parent with whom the dependent student lives with.

Date of separation or divorce: \_\_\_\_\_ Please indicate which parent the student lives with:  Mother  Father

Death of a parent. *The following supporting documents are required:*

- Copy of Death Certificate or Verification of Death.

Medical expenses not covered by insurance. *The following supporting documents are required:*

- Documentation that medical expenses were paid by student or parent in 2016.
- Listing of the medical expenses paid by the parent/student along with copies of receipts or canceled checks.

Indicate total amount of Medical Expenses (not covered) paid by student or parent in 2016: \_\_\_\_\_

Loss of untaxed income in 2016 (i.e. reduction in child support received, etc.).

Who was directly receiving this benefit?  Student  Parent

- Please explain in the space provided below and provide appropriate documentation.

Other.

- Please explain in the space provided below and provide appropriate documentation.

**Please describe your circumstance(s) in the space below (or attach a letter). Please print clearly.**

---

---

---

---

**Certification:**

I/We affirm that the data contained on and submitted with this form is true and complete to the best of my/our knowledge.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student email address: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

Parent signature (dependent students only) \_\_\_\_\_ Date: \_\_\_\_\_

Parent email address: \_\_\_\_\_ Parent Daytime Phone #: \_\_\_\_\_

---

**Counselor Notes:**

# 2016-17 Projected Income Worksheet

*(to be submitted with Special Circumstance Review Request form)*

2016-17 Financial Aid Awards are based on the 2015 financial information that you and your family provided on the 2016-17 FAFSA. If you have requested a special circumstance review because your resources for 2016 will be significantly different than in 2015, please complete the table. If you need to estimate information, please be as accurate as possible to avoid later adjustments to your financial aid.

**Enter "0" or "N/A" where appropriate. Do not leave any item blank. Be sure to attach supporting documentation, such as final paystub from a lost job, statement of unemployment benefits, etc., as explained on the Special Circumstance Request Form.**

**Student Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **BW Student ID #:** \_\_\_\_\_

| Actual Income<br>(January 1, 2016<br>to present) | + | Estimated Income<br>(present to<br>December 31, 2016) | = | Total Income<br>(Actual + Estimated) |
|--|---|---|---|--------------------------------------|
|--|---|---|---|--------------------------------------|

**2016 Gross Taxable Income**

**Wages, salaries, compensation**

**j**

|                                     |  |       |  |       |
|-------------------------------------|--|-------|--|-------|
| Student                             |  |       |  |       |
| _____                               |  | _____ |  | _____ |
| Student's spouse (if applicable)    |  |       |  |       |
| _____                               |  | _____ |  | _____ |
| Parent #1 (dependent students only) |  |       |  |       |
| _____                               |  | _____ |  | _____ |
| Parent #2 (dependent students only) |  |       |  |       |
| _____                               |  | _____ |  | _____ |

**Severance Pay**

|       |  |       |  |       |
|-------|--|-------|--|-------|
|       |  |       |  |       |
| _____ |  | _____ |  | _____ |

**Separation Bonus**

|       |  |       |  |       |
|-------|--|-------|--|-------|
|       |  |       |  |       |
| _____ |  | _____ |  | _____ |

**Net income OR loss from business**

|       |  |       |  |       |
|-------|--|-------|--|-------|
|       |  |       |  |       |
| _____ |  | _____ |  | _____ |

**Rental property income OR loss**

|       |  |       |  |       |
|-------|--|-------|--|-------|
|       |  |       |  |       |
| _____ |  | _____ |  | _____ |

**Unemployment compensation**

|       |  |       |  |       |
|-------|--|-------|--|-------|
|       |  |       |  |       |
| _____ |  | _____ |  | _____ |

**Other taxable income (Enter source below)**

|       |  |       |  |       |
|-------|--|-------|--|-------|
|       |  |       |  |       |
| _____ |  | _____ |  | _____ |

**2016 Untaxed Income**

**Workers Compensation**

|       |  |       |  |       |
|-------|--|-------|--|-------|
|       |  |       |  |       |
| _____ |  | _____ |  | _____ |

**Child support received**

|       |  |       |  |       |
|-------|--|-------|--|-------|
|       |  |       |  |       |
| _____ |  | _____ |  | _____ |

**Veteran's Benefits**

|       |  |       |  |       |
|-------|--|-------|--|-------|
|       |  |       |  |       |
| _____ |  | _____ |  | _____ |

**Other untaxed income**

|       |  |       |  |       |
|-------|--|-------|--|-------|
|       |  |       |  |       |
| _____ |  | _____ |  | _____ |

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature (dependent students only): \_\_\_\_\_ Date: \_\_\_\_\_



# 2016-17 Verification Worksheet

(to be submitted with Special Circumstance Request unless verification has already been completed)

## Section 1. Student Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ BW Student ID # or SSN (do not leave blank): \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

When verification of your FAFSA is complete, you will be notified in one of the following ways: 1) you will receive your first award letter; 2) you will receive a revised award letter; or 3) you will receive other communication from our staff.

## Section 2. Household Information

1) Select your status. You are considered a dependent student if you were required to provide parental information on your FAFSA.

- Dependent students:** List the people in your parents' household, excluding foster children. Include:
- (1) yourself, regardless of where you live,
  - (2) the parent(s) with whom you live,
  - (3) your parents' other children and other people, if (a) your parents will provide more than half of their support between 7/1/16 - 6/30/17 or (b) the children could be considered a dependent on their own FAFSA.
- Independent students:** List the people in your household, excluding foster children. Include:
- (1) yourself,
  - (2) your spouse, if you are married,
  - (3) your children and other people, if you will provide more than half of their support from 7/1/16 through 6/30/17.

2) Write your name and age on the first line below. **THEN** list the names, ages, and relationships to you for everyone else in your household (per the guidelines above). If anyone *but your parents* will be enrolled at least half-time in a degree or certificate program between July 1, 2016 and June 30, 2017, include the name of the school they will be attending. If more space is needed, continue this table on a separate page with the student's name and SSN at the top.

| Full name | Age   | Relationship to Student in Section 1 | College/University in 2016-17 |
|-----------|-------|--------------------------------------|-------------------------------|
|           |       | Self (student from Section 1)        | Baldwin Wallace University    |
| _____     | _____ | _____                                | _____                         |
| _____     | _____ | _____                                | _____                         |
| _____     | _____ | _____                                | _____                         |
| _____     | _____ | _____                                | _____                         |
| _____     | _____ | _____                                | _____                         |

## Section 3. Tax Forms and Income Information (Check boxes that apply.)

**Do not leave this section blank!**

**TAX FILER:** Filed a 2015 Federal Tax Return (see below)      **NON-TAX FILER: Earned income in 2015 but did not file/was not required to file a 2015 Federal Tax Return (see below)**      **NON-TAX FILER: Did not earn income in 2015 and did not file a 2015 Federal Tax Return (see below)**

You (student)

Your spouse (if applicable)

Your parent #1 (dependent students only)

Your parent #2 (dependent students only)

**TAX FILERS:** In order to complete a special circumstance review, you are required to submit copy/copies of 2015 tax return transcripts from the IRS. You may order a copy of your tax return transcript on the IRS website: [www.irs.gov/transcript](http://www.irs.gov/transcript) (please note: tax account transcripts cannot be accepted).

**NON-TAX FILERS:** Each non-tax filer noted above who earned income in 2015 **must submit all W-2 forms received for 2015**. If you did not keep copies of your W-2 forms from 2015, contact your place of employment for copies.

**Section 4. Certification.** By signing this worksheet, I (we) certify that all information reported is complete and correct. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature (dependent students only): \_\_\_\_\_ Date: \_\_\_\_\_