

2017-18 Special Circumstance Review Request

Student Last Name:	First:	BW Student ID #:
situation due to extenuating circum	nstances. The FAO is given author on a case-by-case basis if we belie	FSA does not adequately reflect a family's financial ity by federal regulation to make adjustments to eve such adjustments are warranted. Listed below
"verification". The Verification Woneeds from you, including official If prior to submitting this special circu	orksheet is included in this packet RS tax return transcripts. If you ha umstance review request, you mu	ne required to complete the Federal process of and outlines the additional information the FAO ave not already completed the verification process sust submit copies of your official IRS tax return on your FAFSA. You may still be asked for tax
Verification Worksheet. To submit, documents in an email to finaid@b	you may a) attach a scanned copw.edu; or b) print your completed pporting documents). <i>Please not</i>	nk signature is required on this form and the y of your signed forms and all required supporting d form and mail or drop off to our office at the e: Your request may not result in an increase of the issued.
		our request can be reviewed. y the processing of your request.
Please indicate the circumstance(s) which you feel warrants a revie	ew of the information on your FAFSA:
Copy of most recent paystub(s)Copy of most recent paystub(s)Documentation of severance an	the job loss and the last date of emp from all jobs held in 2016 by student from all jobs held in 2016 by parents d/or unemployment pay received (or pendent students - submit your pare	(dependent students) or spouse (if student is married)
Copy of most recent paystub(s)List of source(s) and amount(s)	from all jobs held in 2016 by student from all jobs held in 2016 by parents of retirement income received (or to pendent students - submit your pare	(dependent students) or spouse (if student is married)
Please indicate name of retiree:	·	Last date of employment:
Copy of separation agreement of Copies of all W2s from 2016 (de	pendent students - submit your pare ubs from all jobs held in 2016 by the	

Death of a parent. <i>The following supporting documents are i</i>	required:
Copy of Death Certificate or Verification of Death	
2016 IRS Tax Return Transcript2016 W2s for the dependent student's surviving parent	
2020 1.2010 and dependence addition of an introduction	
Medical expenses not covered by insurance. <i>The following s</i> i	unnortina documents are required:
Documentation that medical expenses were paid by stude	
 Listing of the medical expenses paid by the parent/studer 	·
Indicate total amount of Medical Expenses (not covered)	paid by student or parent in 2016:
Loss of untaxed income in 2017 (i.e. reduction in child suppo	ort received, etc.)
	· _
Who was directly receiving this benefit? Student	Parent
 Please explain in the space provided below and provide a 	рргорнате поситептатіон.
☐ Other.	
 Please explain in the space provided below and provide a lease describe your circumstance(s) in the space be 	
Please explain in the space provided below and provide a lease describe your circumstance(s) in the space be	
lease describe your circumstance(s) in the space be	
lease describe your circumstance(s) in the space be ertification: I/We affirm that the data contained on and submitted with the	elow (or attach a letter). Please print clearly.
lease describe your circumstance(s) in the space be	elow (or attach a letter). Please print clearly.
lease describe your circumstance(s) in the space be ertification: I/We affirm that the data contained on and submitted with the	elow (or attach a letter). Please print clearly. It is form is true and complete to the best of my/our knowledge. Date: Student Phone #:
ertification: I/We affirm that the data contained on and submitted with th Student signature: Student email address:	elow (or attach a letter). Please print clearly. It is form is true and complete to the best of my/our knowledge. Date: Student Phone #:

Counselor Notes:

2017-18 Projected Income Worksheet

(to be submitted with Special Circumstance Review Request form)

2017-18 Financial Aid Awards are based on the 2015 financial information that you and your family provided on the 2017-18 FAFSA. If you have requested a special circumstance review because your resources for 2017 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 (January 1, 2017 to present)	+	Estimated Income (present to December 31, 2017)	=	Total Income (Actual + Estimated)	
2017 Gross Taxable Income						
Wages, salaries, compensation						
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)						
2017 Untaxed Income						
Workers Compensation						
Child support received						
Veteran's Benefits						
Other untaxed income						
Student signature:			Date:			
Parent signature (dependent students only):			Date:		3/4	

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2017-18 Verification Worksheet

Section 1. Student Information			RW St	udent ID # or		
Last name:	First n	ame:		do not leave blank):		
Address:	Date of Birth:					
City:	State:	Zip:	Daytime Pl	none #:		
1) you will receive your first awa	rd letter; 2) you will red	ceive a revised award	letter; or 3) you will receiv	ied in one of the following ways: ve other communication from our staff. I ward letter will be finalized.		
1) Select your status. You are considered a de	pendent student if y	ou were required t	o provide parental info	ormation on your FAFSA.		
Dependent students: List the people in you children. Include: (1) yourself, regardless of where you live. (2) the parent(s) with whom you live. (3) your parents' other children and other more than half of their support between be considered a dependent on their own. 2) Write your name and age on the first line below. If anyone but your parents will be enrolled at least	ner people, if (a) your en 7/1/17 - 6/30/18 or vn FAFSA. THEN list the names, a half-time in a degree o	parents will provide (b) the children could ages, and relationship r certificate program	excluding foste (1) yourself (2) your spo (3) your chi than half of s to you for everyone else between July 1, 2017 and	use, if you are married, ldren and other people, if you will provide more their support from 7/1/17 through 6/30/18. in your household (per the guidelines above). June 30, 2018, include the name of the school		
		e this table on a separate page with the student's na Relationship to Student in Section 1		at the top. College/University in 2017-18		
	Self (st	udent from Section 1		Baldwin Wallace University		
Section 3. Tax Forms and Income Information (Check boxes that apply.) Do not leave this section blank!	TAX FILEI Filed a 2015 F Tax Return (see	ederal but did no	FILER: Earned income in 2 t file/was not required to j deral Tax Return (see belo	file a in 2015 and did not file a 2015		
You (student)				П		
Your spouse (if applicable)						
Your parent #1 (dependent students only)				П		
Your parent #2 (dependent students only)						
TAX FILERS: Some tax filers will be required to s student received from our office to determine i by most students on WebExpress under the "Find students who have received a BW email address Transcript online - www.irs.gov/transcript (tax	f tax return transcripts Incial Aid Missing Docu and WebExpress log in	s must be submitted ments" section. (Retu - look under "New St	with this Verification Wo	rksheet. This information can also be obtained er "Financial Information." New, admitted		
NON-TAX FILERS: Each non-tax filer noted above forms from 2015, contact your place of employn after October 1, 2016 attesting that he/she did n checking box 7. The form is available at https://	nent for copies. Non-fi ot file a 2015 IRS incor	lers will also require t ne tax return. "Verifi	he submission of "Verifica	ation of Non-filing" from the IRS dated on or		
Section 4. Certification. By signing this wo misleading information on this worksheet, you may			ported is complete and co	orrect. Warning: If you purposely give false or		
Student signature:				Date:		
Parent signature (dependent students or	nly):			Date:		