

2018-19 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 may also be required to complete the Federal process of "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 a password-protected email to 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 most recent paystub(s) from all jobs held in 2017 by student
 - Copy of most recent paystub(s) from all jobs held in 2017 by parents (dependent students) or spouse (if student is married)
 - Documentation of severance and/or unemployment pay received (or to be received) in 2017
 - Copies of all W2s from 2017 (dependent students - submit your parents' W2s; independent students - submit your and your spouse's W2s if you are married)
 - 2017 IRS Tax Return Transcript

Please indicate name of dislocated worker: _____ Last date of employment: _____

- Retirement. *The following supporting documents are required:*
- Copy of most recent paystub(s) from all jobs held in 2017 by student
 - Copy of most recent paystub(s) from all jobs held in 2017 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 2017
 - Copies of all W2s from 2017 (dependent students - submit your parents' W2s; independent students - submit your and your spouse's W2s if you are married)
 - 2017 IRS Tax Return Transcript

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 2017 (dependent students - submit your parents' W2s)
 - Copies of the most recent paystubs from all jobs held in 2017 by the student (if independent) or the parent with whom the dependent student lives
 - 2017 IRS Tax Return Transcript

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
- 2017 IRS Tax Return Transcript
- 2017 W2s for the dependent student's surviving parent

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

- Documentation that medical expenses were paid by student or parent in 2017.
- 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 income in 2017 or 2018.

- Proof of reduction of hours and/or income loss (e.g. wage statements or letter from company's HR office)
- Proof of one-time, non-recurring payout used for current expenses (e.g. inheritance, early withdrawal from retirement, etc.)

Loss of untaxed income in 2017 or 2018 (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:

2018-19 Projected Income Worksheet

(to be submitted with Special Circumstance Review Request form)

2018-19 Financial Aid Awards are based on the 2016 financial information that you and your family provided on the 2018-19 FAFSA. If you have requested a special circumstance review because your resources for 2018 will be significantly different than in 2016, 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, 2018 to present) | + | Estimated Income (present to December 31, 2018) | = | Total Income (Actual + Estimated) |
|--|---|---|---|--------------------------------------|

2018 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)

2018 Untaxed Income

Workers Compensation

Child support received

Veteran's Benefits

Other untaxed income

Student signature: _____

Date: _____

Parent signature (dependent students only): _____

Date: _____



2018-19 Verification Worksheet

This worksheet and any accompanying tax documents should be submitted in person, by postal mail, fax, or through password-protected email.

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 and a change has been realized, 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. If the verification does not result in any changes, the awards listed on your most recent award letter will be finalized.

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 7/1/18 - 6/30/19 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 7/1/18 through 6/30/19.

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, 2018 and June 30, 2019, 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 2018-19 |
|-----------|-------|--------------------------------------|-------------------------------|
| _____ | _____ | 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 2016 Federal Tax Return (see below) **NON-TAX FILER:** Earned income in 2016 but did not file/was not required to file a 2016 Federal Tax Return (see below) **NON-TAX FILER:** Did not earn income in 2016 and did not file a 2016 Federal Tax Return (see below)

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| You (student) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your spouse (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your parent #1 (dependent students only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your parent #2 (dependent students only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TAX FILERS: Some tax filers will be required to submit a copy of their 2016 tax return transcript from the IRS. Refer to the Missing Information Email/Letter the student received from our office to determine if tax return transcripts must be submitted with this Verification Worksheet. This information can also be obtained by most students on WebExpress under the "Financial Aid Missing Documents" section. (Returning students - look under "Financial Information." New, admitted students who have received a BW email address and WebExpress log in - look under "New Student Resources.") You may order a copy of your IRS Tax Return Transcript online - www.irs.gov/transcript (tax account transcripts cannot be accepted).

NON-TAX FILING PARENTS AND INDEPENDENT STUDENTS: Each non-tax filing parent and independent student who earned income in 2016 **must submit all W-2 forms received for 2016.** If you did not keep copies of your W-2 forms from 2016, contact your place of employment for copies. Non-filers will also require the submission of "Verification of Non-filing" from the IRS dated on or after October 1, 2017 attesting that he/she did not file a 2016 IRS income tax return. "Verification of Non-filing" may be ordered by submitting IRS Form **4506-T and checking box 7.** The form is available at <https://www.irs.gov/pub/irs-pdf/f4506t.pdf>.

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: _____