

Special Circumstance Form Revised
 For 2018-19 Financial Aid

Student's Name _____ **Warrior ID#:** _____

The Department of Education allows the Financial Aid Office to make adjustments to your FAFSA if your family's finances have significantly changed after you filed the 2018-19 FAFSA or if there are situations not reflected on the FAFSA. Adjustments may or may not result in an increase in financial aid eligibility. In some cases, you may need to submit this form after the 2017 calendar year in order to provide the required documentation.

Provide details and documentation. Use the IRS Data Retrieval Tool on the FAFSA or submit an IRS Tax RETURN Transcript, showing actual 2016 tax information.

- _____ **1. Loss of employment or reduction of wages for your parents or you (and your spouse):** As a general rule, the **actual 2017 income should be at least 20% less than the 2016 Adjusted Gross Income** for it to result in any changes to your aid eligibility. (If loss of income is in 2018, contact the Financial Aid Office.)
 - a. Effective date: _____ Name of person: _____
 - b. **Signed and dated statement** explaining the situation: Provide details
 - c. Parents' 2017 Federal Tax Return – signed
 - d. Parents' 2017 W-2s

- _____ **2. Permanent loss of UNTAXED income received in 2016 that will not be received in 2017 or 2018:**
 Child support, parsonage allowance, Workers' Compensation, etc.
 - a. Source: _____
 - b. Amount: _____ Effective date: _____

- _____ **3. One-time TAXABLE income in 2016 that will not be received in 2017 or 2018:** Capital gains, 401k withdrawal, inheritance, IRA Rollover, etc. reflected on the 2016 tax return
 - a. Source: _____
 - b. Amount of one-time income included on tax return: _____
 - c. **Signed and dated statement** explaining how the income was used
 - d. 2016 IRS Form 1099

- _____ **4. Excessive medical/dental expenses in 2016:** Amount paid out-of-pocket that was not reimbursed by insurance, employer, FSA, HSA, etc. **that is at least 15% of your 2016 Adjusted Gross Income.**
 - a. Amount: _____
 - b. 2016 IRS Schedule A - signed
 - c. If no Schedule A: Signed, itemized list of unreimbursed medical payments showing to whom and for whom payment was made, date paid and amount paid.

- _____ **5. Legal separation or divorce of your parents or you and your spouse that occurred after submission of your original 2018-19 FAFSA:**
 - a. List date of separation or divorce: _____
 - b. Copy of separation or divorce decree

- _____ **6. Death of your parent or spouse that occurred after submission of your original 2018-19 FAFSA:**
 - a. Date of death: _____ Name of person: _____
 - b. Relationship to student: _____

- _____ **7. Other extenuating circumstances:** _____
 - a. Effective date: _____
 - b. **Signed and dated** statement explaining the situation

Student Signature

Parent Signature (if dependent student)

Date

**INCOMPLETE FORMS WILL BE RETURNED.
 MISSING DOCUMENTATION WILL DELAY THE PROCESSING OF YOUR REQUEST.**

Submit Form and Documentation to:
 WLC Financial Aid Office Fax: (414) 443-8540
 8800 W. Bluemound Road Email: finaidapp@wlc.edu
 Milwaukee, WI 53226

Questions:
 Phone: (414) 443-8861
 Email: financial.aid@wlc.edu