Special Circumstance Form

Dependent Student

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

fax: 605-274-5295 financial.aid@augie.edu

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 parent's 2013 Federal Tax Return Transcript. Access and print your parent'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 parents' 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 parent's 2013 Federal Tax Return Transcript. Access and print your parent'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 siblings or receipts for tuition payments; and, if applicable, signed statement of payment total or itemized

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

1. Did your family 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: -do not include any high school tuition expenses paid for the college student- (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 parent's 2013 Federal Tax Return Transcript. Access and print you	r parent's free IRS <u>Tax Return Transcript</u> (pdf) at			
www.irs.gov or call 1.800.908.9946 and follow the message prompts. If your parents did not itemize medical/dental expense	es, 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 your parents pay for medical and/or dental insurance premiums in 2013?	\$			
	¢			

2. How much did your parents pay for medical and/or dental expenses not reimbursed by insurance in 2013?

Section 3. Unusual Debts

Documentation required: Provid	e your parent's <i>2013 Federal <u>Tax Return</u> <u>Transcript</u>.</i> Ad	ccess and print your parent's free IRS Tax Return Transcript (pdf) at				
www.irs.gov or call 1.800.908.9946 and follow		te obres e succeste en la inclusion de				
 Provide billing statement, payment summary or receipts from agency, company, or person to whom payments are being made. Do your parents have unusual debts or loans on which they are currently making monthly payments? circle one YES NO (For example: education loan payments for parents; PLUS payments for dependents; legal fees for divorce, adoption; court mandated payments; etc.) 						
 If "YES", provide the following infor Type or cause of debt	mation (if more space required, attach separate paper)	: 				
Monthly payment \$	Total amount paid in 2013	-				

Section 4. Income/Resource Reduction <u>Documentation required</u> : ► Your parent's 2013 Feder <u>www.irs.gov/transcript</u> or call 1.800.908.9946 and follow the messa	al <u>Tax Return Transcript</u> is required. Access and prir	nt your parent's free IRS Tax	Return Transcript (pdf) at		
1. Will your parent's income and/or resources be significantly less in 2014 than 2013? circle one YES NO					
 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 parent is currently re-employed and/or reduced income/resource information is known as of today's date. <u>Documentation</u>: 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 custodial parent income/resource information <u>Documentation</u>: Attach copy of separation/divorce decree or a signed statement regarding the separation/divorce effective date and a copy of your custodial parent's 2013 W-2 forms. When completing Section 4 (below), provide only your custodial parent estimated 2014 income/resource information. 					
 c. Death of parent provide only surviving parent income/resource information <u>Documentation</u>: Attach signed letter noting date of death and copy of your surviving parent's 2013 W-2 forms. When completing Section 4 (below), provide only your surviving parent estimated 2014 income/resource information. 					
 d. Loss of child support <u>Documentation</u>: 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.) <u>Documentation</u>: Identify the source of income/resource, the amount, and how the funds were spent or invested. Provide 2013 Federal <u>Tax Return Transcript</u>; highlight/identify one-time income. 					
□ f. Disability of student or parent					
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 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 custodial parent estimated 2014 taxable and untaxed income/resources. Do not leave blank. 					
Include actual amount earned/received January 1, 20	14 to present date, plus estimated amount to be e	arned/received present da	te thru December 31, 2014.		
		Estimated Income	Estimated Income		
Estimated 2014 TAXABLE Income Wages, salaries, tips		Father/stepfather \$	Mother/stepmother \$		
Net income/loss from business/farm		\$	\$		
Other taxable income (interest/dividend, capital gains, unemployment, alimony, \$					
Total estimat	ed 2014 TAXABLE Income	\$	\$		
Estimated 2014 UNTAXED Income - refer to F	AESA #04 a thrui				
Child support	AT SA π 74 a. unu i.	\$	\$		
Untaxed housing, food and other living allowand	es paid to military, clergy, others	\$	\$		
Untaxed portion of pensions, Veterans benefits,	etcdo NOT include Social Security or SSI	\$	\$		
Tax deferred elective payments to 401K, 403B, untaxed elective contributions to					
SEP/SIMPLE, IRA/Keogh Other untaxed incomedo NOT include untaxed s	\$	\$			
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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 our knowledge. The signatures below also allow the Professional Judgment information to be released to either the student or parent.

Student signature