

Student's Name: _____ Last four digits of SSN: _____

The Department of Education allows Financial Aid Administrators to take some special circumstances into consideration if the FAFSA does not accurately reflect a student's financial situation. These are generally situations that are uncommon or rare. This form is used to gather and document that information. If this form does not cover your situation, please contact the Financial Aid Office to see if it can be considered.

Please read the instructions carefully and pay attention to the special "NOTES" in bold type. Fill out each section that applies to you. If the FAFSA determined you are an independent student, you do not need to include parent information.

SECTION I – UNUSUAL EXPENSES (Place a check mark on all sections that apply)

A. _____ Unusual Medical Expenses

Amount paid for unusual or ongoing major medical expenses not covered by insurance in 2014? \$ _____

NOTE: If you checked this item, you must also submit a copy of "Schedule A" of the 2014 federal tax form and canceled checks or paid invoices showing amount paid. Do not include cosmetic orthodontia.

B. _____ Elementary and Secondary Education Tuition for 2015-2016

List the amount of elementary and/or secondary school tuition that you will pay for your dependent children to attend school during the 2015-2016 academic year. **Do not include college expenses or amounts covered by scholarships or waivers.**

Child's Name	Age	Name of School	Amount of Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: If you checked this item, also submit a copy of the tuition bill or a letter from the school verifying tuition amounts.

C. _____ Other Unusual Expenses

List the amount of any other unusual expenses which you or your parents are currently making monthly payments, such as elderly dependent care. Do not list consumer debt for discretionary purchases or services.

Type of expense	Amount	Monthly Payments
_____	_____	_____
_____	_____	_____

What makes this expense unusual? _____

NOTE: If you checked this item, also submit copies of canceled checks or other proof of monthly payments.

SECTION II – PARENT ATTENDING COLLEGE

A. _____ Parent attending college at least half time during 2015-2016 and working toward a degree or certificate.

NOTE: If you checked this item, provide documentation verifying enrollment. This includes documents from the college registrar’s office or other proof of registration.

SECTION III – INCOME REDUCTION

If you will have a reduction in income for 2015 please check the appropriate reason(s) for this change. Indicate the date that this change occurred. You must also complete Section IV in which you detail your expected income for 2015 and Section V in which you give a complete explanation of the specific details regarding this income reduction.

A. _____ Loss or Reduction of Employment or Wages

Indicate the individual who had a loss/reduction of employment or wage and the date this occurred:

____ Father Date _____ ____ Mother Date _____
____ Student Date _____ ____ Spouse Date _____

NOTE: If you checked this item, submit letters from prior employers, stating termination dates and 2015 earnings to date (on letterhead, signed and dated) and letters from any current employers, stating expected earnings for 2015 (on letterhead, signed and dated).

B. _____ Loss of Unemployment Compensation

Indicate the individual who lost unemployment compensation and date this occurred:

____ Father Date _____ ____ Mother Date _____
____ Student Date _____ ____ Spouse Date _____

NOTE: If you checked this item, also provide a summary of unemployment benefits received and the expected to be received in 2015 or a statement indicating no benefits received or expected to be received in 2015.

SECTION IV – EXPECTED 2015 TAXABLE/NON-TAXABLE INCOME & BENEFITS

You need to complete this section only if there will be less income in 2015 due to unusual circumstances.
 Please read these instructions carefully.

This section asks about income and benefits that you and your family expect to receive **during the year 2015**. List income up to now in the first column and project the rest of the year in the second column, then add them together in the third column. Please bring the totals to the bottom. Please don't include the student if the reduction is because of attending college in 2015. Only include data for those who have information on the student's FAFSA. Round amounts to the nearest dollar.

2015 INCOME	STUDENT (and spouse if independent)			PARENTS (if dependent)		
	Up to now in 2015	Estimated for the remainder of 2015	Estimated total for 2015	Up to now in 2015	Estimated for the remainder of 2015	Estimated Total for 2015
Income Earned from Work						
Other Taxable Income						
Untaxed Social Security Benefits						
Public Assistance (AFDC)						
Child Support						
Other Untaxed Income						
Unemployment Benefits						
Earned Income Credit						
TOTALS						

SECTION V – EXPLANATION (This section is mandatory)

If this section is left blank, we will contact you and request that you resend.

Please explain the reason(s) for your request for a special circumstances review.

SECTION VI – CERTIFICATION STATEMENT (all must complete this section)

I (we) certify that the information provided on this form is complete and accurate to the best of our knowledge. If additional changes occur during the 2015-2016 academic year that would alter the information provided on this Special Circumstances Form, we will immediately contact the Financial Aid Office. *(A parent's signature is necessary only when you are a dependent student and required to provide information about them on your 2015-2016 FAFSA.)*

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Phone Number for Questions: _____

Please return this form using one of the following methods:

Attn: Financial Aid Office, Corban University, 5000 Deer Park Drive SE, Salem, OR 97317-9392

Fax: (503) 585-4316 Email: financialaid@corban.eud