

Student's Last Name

Student's First Name

Last 4 Digits of SSN

The Department of Education allows special circumstances to be taken into consideration if the FAFSA does not accurately reflect a student's current financial situation. 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.

Fill in the chart to indicate the type of circumstance you are submitting for consideration and the person (or people) for whom the change is requested. Please submit the required documentation along with your completed form, including the explanation and certification statement on pg 2. **DO NOT SUBMIT THIS FORM OR ANY SUPPORTING DOCUMENTS VIA EMAIL.**

Circumstance	Person	Criteria	Required Documentation
<input type="checkbox"/> Loss or Reduction of Employment or Wages	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	Student, spouse or parent(s) had significant reduction of income in 2019	<ul style="list-style-type: none"> • Most recent paystub(s) showing year-to-date earnings (minimum of 3 months earnings for 2019). • Complete the Income Reduction Chart on pg 2, <i>follow-up documentation may be requested later in the year.</i> • Termination letter from employer (if applicable) • Documentation for Unemployment (if applicable)
<input type="checkbox"/> Loss of Unemployment Compensation	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	You, your spouse or your parent(s) lost unemployment benefits for 2019	<ul style="list-style-type: none"> • Documentation of unemployment benefits received • Complete the Income Reduction Chart on pg 2, <i>follow-up documentation may be requested later in the year.</i>
<input type="checkbox"/> Un-Reimbursed Medical Expenses		Amount paid for unusual or ongoing major medical expenses in 2018 \$ _____	<ul style="list-style-type: none"> • A copy of the Schedule A from your 2018 federal tax form • Documentation of payments • Do not include cosmetic orthodontia
<input type="checkbox"/> Pension/Retirement Investment Roll-over		A retirement account was cashed out and rolled into a new investment	<ul style="list-style-type: none"> • A signed copy of 2017 tax form 1040
<input type="checkbox"/> Private Education Tuition for 2019-2020		Elementary/Secondary school tuition that parents will pay for dependent children for the 2019-2020 academic year	<ul style="list-style-type: none"> • A copy of the tuition bill or a letter from the school verifying 2018 tuition amounts for each dependent • Include the Dependent(s) name, age and private school name and tuition amount for each child in the explanation on pg 2
<input type="checkbox"/> Parent in College	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	Parent is attending college at least half-time during 2019-2020 and working toward a degree	<ul style="list-style-type: none"> • The student must be considered dependent on the FAFSA for 2019-2020 • Enrollment verification from the parent's college
<input type="checkbox"/> Other Unusual Expenses		Include the amounts of any other unusual expenses to which you or your parents are currently making monthly payments, such as elderly dependent care	<ul style="list-style-type: none"> • Documentation of monthly payments • Include the type of expense, expected total for 2019, and monthly payment amount in the explanation on pg 2 • Do not include consumer debt for discretionary purchases or services

Explanation— Provide the reason for your request for a special circumstances review. Include any details as specified in the Required Documentation for your circumstance. Explanation MUST be provided for each circumstance requesting consideration.

Income Reduction Chart—Only enter information for the person(s) indicated on pg 1 if listed as Required Documentation for your circumstance. Provide the **total** amounts you anticipate for **January 1, 2019 through December 31, 2019**. Enter a response for each income item in the column— use zeros where appropriate.

2019 INCOME	Student	Spouse	Parent 1	Parent 2
Income Earned from Work				
Other Taxable Income				
Social Security Benefits (untaxed)				
Public Assistance (AFDC/TANF)				
Child Support received				
Other Untaxed Income				
Unemployment Benefits				
Earned Income Credit				
TOTALS				

Certification Statement—I (we) certify that the information provided on this form is complete and accurate to the best of our knowledge. Giving false statements or documentation to request that Corban University make a change to your federal aid calculation is considered financial aid fraud. *(A parent’s signature is necessary when you are a dependent student and required to provide information about them on your 2019-2020 FAFSA.)*

Student Signature: _____ Date: _____

Parent’s Signature: _____ Date: _____

Parent Contact info: _____
 Phone _____ Email _____

IMPORTANT: DO NOT SUBMIT THIS FORM OR ANY SUPPORTING DOCUMENTS VIA EMAIL.

Return this form and required documents using one of the following methods:

Mail or Hand Deliver to—Corban University Financial Aid, 5000 Deer Park Drive SE, Salem, OR 97317.
 Secure Fax—(503) 585-4316.

For Office Use Only

Received by: _____ Received date: _____ Current EFC: _____
 Processed by: _____ Updated EFC: _____ Notification date: _____