



2016-2017
SPECIAL CIRCUMSTANCES FOR PARENT

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Student's Name \_\_\_\_\_ SS# \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Stepparent(s) may use this form to report changes that have occurred since filing the 2016-2017 Free Application for Federal Student Aid (FAFSA). Changes resulting from this review do not guarantee an increase in aid. You must complete all questions on this form and provide all requested documentation. If required documentation is not attached or items are missing or left blank, this form will be returned to you unprocessed. If clarification of your situation is necessary, this office may request additional information or documentation beyond the requested items below.

The method used to determine a student's financial need is based on the applicant's 2015 income and assets. Also, if the student is dependent, the parent's 2015 income and assets are used. If, however, there has been a major special change in your situation since filing the Free Application for Federal Student Aid (FAFSA) or Renewal Application, or you have special circumstances that were not taken into consideration on the federal application, you (the parent) should use this form to inform our office of the change or special circumstances.

Please check the category, which applies to you (the parent), supply the indicated information and complete the reverse side of this form. Return this form with appropriate documentation to address above.

SECTION ONE: Condition Related to Parent's Income (A-H) Extraordinary Expenses (I):

- A. My income for 2015 includes an income that is typically received only once, and my 2015 income is not reflective of the income I expect to receive in 2016. Examples of a one-time income are (capital gains from sales of assets, prize winnings, and pension payoff). Please provide documentation of this one-time income (income tax form or 1099).
B. My work income in 2015 as reported on the FAFSA, will be reduced in 2016, as I have been unable to work in 2016 due to a disability or natural disaster that occurred in 2015 or 2016. Please list the dates you have been unable to work and the nature of disability or disaster: From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_. Disability or Disaster: \_\_\_\_\_. Also, complete Section 3.
C. My untaxed income, which included Social Security, Unemployment Compensation, or untaxable income or benefits in 2015, will be reduced in 2016. Also, Complete Sections 3.
D. My son/daughter submitted the FAFSA and, afterwards, we (the parents) have divorced or separated. Please provide date of divorce or separation, and list who the custodial parent is. Date of divorce or separation: \_\_\_/\_\_\_/\_\_\_. Custodial parent? \_\_\_\_\_. Also, complete Sections 2 and 3.
E. My son/daughter submitted the FAFSA and, afterwards, my spouse (one of the student's parents) has died. Please list date of parent's death: \_\_\_/\_\_\_/\_\_\_. Also, complete Sections 2 and 3 with the surviving parent's income.
F. My 2015 income as reported on the FAFSA will not be reflective of the income I expect to receive in 2016 due to the fact that I have lost my job and have been unemployed for at least ten (10) weeks in 2016. Please list dates of unemployment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_. Also, complete Section 3.
G. My 2015 income as reported on the FAFSA will not be reflective of the income that I expect to receive in 2016 due to the fact that I have changed jobs/occupations, and the income from my new job is less than the income from my previous job. Please list the following: Previous job \_\_\_\_\_. Current job \_\_\_\_\_. Reason for changing jobs/occupations \_\_\_\_\_. Also, complete Section 3.
H. I have another circumstance that affects the income I reported for 2015 that is not listed here, which I can substantially document. The circumstances cannot be due to voluntary lifestyle choices. Please attach a written statement outlining your situation and all pertinent documentation. Also, complete Section 3.
I. I had an extraordinary expense in 2015 that affects my ability to contribute toward my son's/daughter's cost of education that is not listed here, which I can substantially document. The circumstances cannot be due to voluntary lifestyle choices. Please attach a written statement outlining your situation and all pertinent documentation.

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## SECTION TWO

For circumstances **D** and **E** on previous page, please list the remaining household members of the custodial parent including the student for the 2016-2017 school year. Note: to be included in a household, each individual must receive half or more of his/her support from the custodial parent for the 2016-2017 school year.

NAME	RELATIONSHIP TO STUDENT	COLLEGE Enrolled at least half-time 2016-2017
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SECTION THREE

For items **B** through **H** on the reverse side, please answer the following questions about your (the parent) expected 2016 income (if you are single, divorced, not remarried, separated or widowed, provide the custodial parent's income information only). Your estimates need to be as accurate as possible or there will be an adverse effect on your appeals for adjustment.

Please complete all questions on this form and provide all requested documentation. If required documentation is not attached or items are missing or left blank, this form will be returned to you unprocessed. **Do not leave any section blank; write "0" if income type does not apply.**

**Please provide/attach proof of any income listed.**

TYPE OF INCOME	COLUMN A Gross Income Received From 1/1/2016 To Present	COLUMN B Estimated Gross Income Expected till 12/31/2016	OFFICE USE ONLY Do not write in this area
<b>1. Father's wages, salaries, tips</b>	\$	\$	\$ FA WRK
<b>2. Mother's wages, salaries, tips</b>	\$	\$	\$ MO WRK
<b>3. Interest or Dividend Income</b>	\$	\$	\$ OTX INC
<b>4. Unemployment Compensation</b>	\$	\$	\$ OTX INC
<b>5. Worker's Compensation</b>	\$	\$	\$ OTX INC
<b>6. Alimony</b>	\$	\$	\$ OTX INC
<b>7. Child Support (received)</b>	\$	\$	\$ Child Sup
<b>8. Social Security Benefits</b>	\$	\$	\$ SS
<b>9. Welfare, TANF Benefits</b>	\$	\$	\$ TANF
<b>10. Other Income (specify source)</b>	\$	\$	\$ UTX/OTX
<b>a. Deductible IRA and Keogh Payments</b>	\$	\$	<b>AGI</b> \$ _____ <b>Standard Deduction</b> - \$ _____  <b>Exemptions</b> _____ <b>X</b> _____ - \$ _____  <b>Net Taxable Income</b> = \$ _____  <b>Est. Tax</b> = \$ _____  <b>Approved</b> ___ <b>Denied</b> ___  <b>FAA</b> _____  <b>Date</b> _____
<b>b. Earned Income Credit</b>	\$	\$	
<b>c. Veteran's Non-Educational Payments</b>	\$	\$	
<b>d. Other</b>	\$	\$	
Certification Statement: I certify that all of the above information is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this Special Circumstances form, I may be fined \$10,000, sent to prison, or both, further, providing false or misleading information may result in the cancellation or repayment of all or part of my financial aid.			
Parent Signature _____	SS# _____	Date _____	
Student Signature _____	SS# _____	Date _____	