

2005-2006 SPECIAL CIRCUMSTANCE FORM FOR PARENTS

Submit the completed form to: Office of Student Financial Assistance
Indiana University Southeast
4201 Grant Line Rd.
New Albany, IN 47150

Name (Student's Name)

Social Security Number

The method used to determine a student's financial need is based on the applicant's 2004 income and assets. Also, if the student is dependent, the parent's 2004 income and assets are also used. If, however, there has been a major change in the parents' situation since filing the Free Application for Federal Student Aid (FAFSA), or the parents have special circumstances that were not taken into consideration on the federal application, the parents should use this form to inform our office of the change in circumstances. Please note that voluntary lifestyle changes cannot be taken into consideration.

Please check the category that applies to you (the parent), supply the indicated information and complete the reverse side of the form. If the change or special circumstance applies to the student's information, the student should complete the 2005-2006 Special Circumstance Form for Students. Please return this form with the appropriate documentation to our office. While not all information will result in a recalculation of eligibility, Indiana University Southeast will review the data provided and recompute eligibility if it is appropriate to do so.

Section 1

Conditions Related to Parental Income:

_____ A. My income for 2004 includes income that is typically received only once and my 2004 income is not reflective of the income I expect to receive in 2005. Please provide documentation of this "one-time" income.

_____ B. My work income for 2004, as reported on the FAFSA, will be reduced in 2005, as I have been unable to work in 2005 due to a disability or natural disaster that occurred in 2004 or 2005. Please list the dates that you have been unable to work and the nature of the disaster. Also complete Section 3.

_____ to _____ Disability or Disaster _____

_____ C. My untaxed income, which included Social Security received or received on behalf of anyone in the household, Unemployment Compensation or some other type of untaxed income or benefit that I received in 2004 will be reduced in 2005. Also complete Section 3.

_____ D. My son or daughter submitted the FAFSA and, afterwards, we (the parents) have divorced or separated. Please provide the date of divorce/separation and who is now the custodial parent. Also complete Sections 2 and 3.

Date of divorce/separation _____ Who is the custodial parent _____

_____ E. My son or daughter submitted the FAFSA and, afterwards, my spouse has died. Please list the date of the parent's death. Be sure to complete Sections 2 and 3 using the surviving parent's income. Date of parent's death _____ Also complete Sections 2 and 3 with the surviving parent's income.

_____ F. My 2004 income as reported on the FAFSA will not be reflective of the income that I expect to receive in 2005 due to the fact that I have lost my job and have been unemployed for at least 10 consecutive weeks in 2005. Please list the dates of unemployment _____ to _____. Please provide documentation (a copy of your last paycheck, unemployment compensation stub, etc.) Also complete Section 3.

_____ G. My 2004 income as reported on the FAFSA will not be reflective of the income that I expect to receive in 2005 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 is not listed here that impacts the income I reported in 2004. The circumstance cannot be due to a voluntary lifestyle choice. Please attach a written statement outlining your situation. Be sure to attach documentation. Also, complete section 3.

Conditions Related to Extraordinary Expenses:

_____ I. I made a payment on an educational loan in the calendar year of 2004. Please provide documentation as to the type of loan and the total amount of payment/payments made.

_____ J. I, or a member of my family, incurred non-reimbursed medical/dental expenses in the 2004 calendar year that were not covered by insurance. Please provide an itemized statement showing the amounts of payments actually made in 2004.

_____ K. I paid elementary and/or secondary school tuition in the 2004 calendar year. Please provide a copy of check receipts or a statement from the school showing payments actually made between Jan 1, 2004 and Dec 31, 2004 year payments.

____ L. I had an extraordinary expense not listed here in the 2004 calendar year that impacts my ability to contribute to my child's education. The circumstances cannot be due to a voluntary lifestyle choice. Please attach a written statement outlining your situation and attach pertinent documentation.

Section 2

For circumstances D and E on the reverse side, please list the remaining household members of the custodial parent (including the student) for the 2005-2006 school year. To be included as a household member, each individual must receive half or more of his/her support from the custodial parent for the 2005-2006 year.

Name	Relationship to Student	In college half-time or more in 2005-06

Section 3

For items B through H on the reverse side, please answer the following questions about your, the parent's, expected 2005 income. If you are single, divorced (and not remarried), separated or widowed you should provide only the custodial parent's income information. If you are divorced but remarried, your spouse's information is also needed. Where possible, please provide documentation of the expected income (for example, a current pay stub). Do not include any income in Column B that is already accounted for in Column A. Please do not leave any items blank. If the amount is zero or does not apply, enter \$0.

	Column A Gross Income received from 1/1/05 to today	Column B Estimated Gross Income expected after today until 12/31/05	Office Use Only Do not write in this area
Father's Wages, Salaries, Tips			FA WRK
Mother's wages, Salaries, Tips			MO WRK
Interest or Dividend Income			OTX INC
Unemployment Compensation			OTX INC
Worker's Compensation			OTX INC
Alimony			OTX INC
Child Support Received			UTX INC
Social Security			UTX INC
Welfare, ADC/AFDC, TANF			AFDC
Deductible IRA or KEOGH payments			UTX
Earned Income Credit			UTX
VA Non-Educational payments			UTX

I certify that all of the above information is correct to the best of my knowledge.

Parent's Signature Date

Student's Signature Date

OFFICE USE ONLY

AGI	
STANDARD DEDUCTION	
NUMBER OF EXEMPTIONS X \$3000	
NET TAXABLE INCOME	
ESTIMATED TAX	
APPROVAL	APPROVED DENIED