



2019-2020 Income Reduction/Unusual Circumstance(s) Form

Student Name: _____ **AUID:** _____

You and/or your spouse or parents have notified our office of an unusual circumstance that may affect your eligibility for financial aid. The purpose of this form is to guide you in the process of anticipating how this change will impact your 2019 income. It is at the sole discretion of the AU Financial Aid Office to authorize changes to your FAFSA data based on the information you provide on this form. As we consider approving changes to your FAFSA data, please know that you may be contacted by our office for further explanation or additional documentation. Please also understand that in some cases, the changes in income are not significant enough to increase your eligibility for financial aid.

Please indicate the appropriate “special condition(s)” that apply to your situation. **Along with this form and supporting documentation, please also submit a written letter of appeal that describes in detail how your financial circumstances have changed since the 2017 tax year data you reported on your 2019-2020 FAFSA. In all cases you will need to send us a 2019-2020 Federal Verification Worksheet and a copy of your and your spouse’s or parents’ 2018 Federal Tax Transcript with W-2’s.**

- _____ **A.** Unusual medical or dental expenses not covered by insurance during the 2018 tax year (January 1, 2018 - December 31, 2018) that you expect will continue during the 2019 tax year. Documentation required: proof of payment. This can be Schedule A of 1040-tax form and/or canceled checks (please total checks).

- _____ **B.** You and/or your spouse or parents worked full-time but have lost his/her job or retired and remained unemployed for at least 10 weeks. Documentation required: A statement from previous employer indicating the last day of employment and severance benefits. If you received or are receiving unemployment benefits, attach documentation regarding your eligibility. If you are now re-employed, provide a copy of your most recent pay stub.

- _____ **C.** You and/or your spouse or parent worked full-time but have been unable to pursue normal income producing activities for at least 10 weeks during because of a natural disaster or disability. Documentation required: A letter describing the natural disaster and/or a letter from a physician regarding the disability.

- _____ **D.** You and/or your spouse or parent received nontaxable income and had a complete loss for at least 10 weeks of one of those benefits. This would include Social Security, Child Support, Disability Benefits, AFDC, and Veterans Benefits. Documentation required: A written statement from the appropriate agency showing the loss of benefit.

- _____ **E.** You are an independent student who worked full-time in 2017. You have ceased or are now ceasing your full- time employment to return to school full-time. Documentation required: A statement from previous employer indicating the last day of employment.

- _____ **F.** Your spouse or parent whose 2017 income was reported on the FAFSA has died after submission of the original application. Documentation required: Death Certificate.

Please complete the income information on the next page, if you checked B-F. If you checked A, you may skip the income section.

Anticipated Income for the calendar year of 2019 (Jan. 1 - Dec. 31). - Instructions: If you or your parents are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent, give only the information of your surviving parent.

	Parent(s)/Spouse	Student
a. Wages, salaries, tips (including severance pay, disability payments and any other income from work)	_____	_____
b. Other taxable income (list: _____)	_____	_____
c. Untaxed Social Security Benefits	_____	_____
d. Aid to Families with Dependent Children (AFDC)	_____	_____
e. Child support received	_____	_____
f. Other untaxed income (list: _____)	_____	_____
g. TOTAL ANTICIPATED INCOME FOR 2019	\$ _____	_____

On a separate sheet of paper you will need to indicate in detail exactly how you computed the 2019 anticipated income. You will also need to attach proof of income information such as check stubs, unemployment compensation printout, etc.

Example:	Father (1-1-18 to 4-15-18) - Check Stub attached	\$10,000
	Father (4-16-18 to 6-1-18) - Unemployment printout attached	\$ 4,000
	Father (6-2-18 to 12-31-18) - New Job. See most recent check stub that is attached. Covers a period of two weeks. Will receive 12 checks for the remaining part of the year. $1000 \times 12 = \$12,000$ (Gross).	\$12,000
	Total anticipated income for 2019	\$26,000

You will need to do this for each person(s) whose financial data is indicated on the FAFSA.

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, I may jeopardize my eligibility for financial aid.

Student Signature: _____ Date: _____

Spouse/Parent Signature: _____ Date: _____

This document may be faxed to 202-885-6064 or mailed to:

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