Cleveland Instituate of Art

**THE CLEVELAND INSTITUTE OF ART**

**2016-2017 SPECIAL CIRCUMSTANCE FORM**

**Instructions:**

**Dependent Students:** Please complete this form only if your parents’ 2016 income will be significantly less than the 2015 income reported on your 2016-17 Free Application for Federal Student Aid (FAFSA).

**Independent Students:** Please complete this form only if you and/or your spouses’ (if applicable) 2016 income will be significantly less than the 2015 income reported on your 2015-16 Free Application for Federal Student Aid (FAFSA).

**All Students**

On page 2 of this form, please indicate with an "X" the reason for the change of income and/or the special circumstance resulting in your loss of income. Enclose copies of the documentation requested. Failure to do so will result in the denial of the review of your special circumstance.

**Documentation of your anticipated 2016 income, (page 3 of this form), must be provided.** Acceptable documentation includes copies of recent pay stubs, or a letter from an employer or agency. Other forms of documentation may be requested at a later date.

If you are a **Dependent student** and have not already completed the verification process, please submit with this form a completed 2016-2017 Verification Worksheet along with copies of student and parent(s) 2015 IRS **tax transcripts** (including all schedules) and copies of all 2015 W-2 forms. To order a tax transcript, call 800.908.9946.

If you are an **Independent student**, and have not already completed the verification process, please submit a completed 2016-2017 Verification Worksheet along with copies of your and your spouse’s (if applicable) 2015 IRS **tax transcripts** (including all schedules) and copies of all 2015 W-2 forms. To order a tax transcript, call 800.908.9946.

In addition to completing this form, do not forget to include a letter explaining the special circumstance and how you calculated your 2016 anticipated income, as well as documentation to support your projection. **Please submit this form, letter of explanation and documentation to the Office of Financial Aid with your 2016-17 Verification Worksheet, 2015 tax transcripts (including all schedules) and copies of all 2015 W-2 forms.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate with an "X" the reason for your change of income. Mark all that apply.**

**Loss of income from work.** Action resulting in the loss of income **must have occurred at least 10 weeks prior to submitting this form.**

**Layoff.** Provide a letter from employer stating effective date and anticipated return.

**Plant Closing.** Provide a letter from employer stating effective date.

**Termination.** Provide a letter from employer stating effective date. If this is not available, provide documentation from local unemployment office.

**Retirement**. Provide a letter from your employer stating the effective date of your retirement.

**Reduced Commission/Overtime.** Provide a letter from your employer stating the reason, effective date, and anticipated

difference in 2016 income compared to 2015.

**Other.** Please specify and provide appropriate documentation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Loss of taxable income.**

**Alimony.** Provide court document(s) stating termination date of benefit.

**Unemployment.** Provide a letter from the unemployment office stating termination date of benefit.

**Other.** Please specify and provide appropriate documentation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Loss of untaxed income**

**Social Security.**  Provide Social Security Administration notification of termination of benefit.

**Child Support.** Provide a letter or court document stating termination date of benefit.

**Worker's Compensation.** Provide a letter from Bureau of Worker's Compensation stating termination date of benefit.

**Other.** Please specify and provide appropriate documentation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability:** Provide a letter from a doctor stating the disability date and prognosis for returning to work. Include a letter verifying monthly disability benefits from Social Security, Worker's Compensation, employer, or other agency.

**Legal** **Separation or divorce after the 2016-17 Free Application for Federal Student Aid (FAFSA) was submitted.** Provide a copy of the divorce decree or separation agreement.

**Death of a parent or spouse.** Provide a copy of the death certificate.

**Other Unusual Expenses Paid.**

**Medical and Dental Expenses.** Uninsured medical or dental expenses for the 2015 calendar year that are not covered by insurance and those expenses exceed 7.5% of your income reported on the 2016-17 FAFSA. Provide a copy of Schedule A of your parent’s 2015 Federal tax transcript (dependent students only). Provide a copy of Schedule A of your and your spouse’s (if applicable) 2015 Federal tax transcript.

**Elementary and Secondary Education Paid.** Private Tuition paid for elementary, junior high, and high school in the 2016 calendar year for dependents in your family. Provide a letter from the school stating amount you have paid for tuition in 2016 **(NOTE: This is the calendar year of 2016, which spans part of two academic years).**

**Parent Attending College.** Tuition and fees for a parent or parents attending college at least half time (six credit hours) during the 2016-2017academic year in a degree or certificate seeking program can be provided. If your parent will be reimbursed for the costs of attendance by his/her employer, you are not eligible for this special circumstance. *Proof of enrollment and payment for classes must be submitted with this form.*

|  |  |  |  |
| --- | --- | --- | --- |
| HOUSEHOLD INFORMATION | | | |
| **Household Size** \_\_\_\_\_\_\_\_\_\_\_ **Number in College** \_\_\_\_\_\_\_\_ | |  | |
| Name | Relation to Student | Age | Name of College |
| 1. | Self |  | CLEVELAND INSTITUTE OF ART |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |

**PLEASE LIST ANTICIPATED INCOME FOR 2016 BELOW**

Enter the total yearly income that you, your spouse (if applicable), and/or your parent(s) expect to receive from **January 1, 2016 until December 31, 2016** from the sources indicated below. **If a question does not apply to you, write zero in the answer space.**

**If you (the student) submitted the 2016-17 Free Application for Federal Student Aid as a self-supporting, independent student, you and your spouse (if applicable) must complete the student/spouse information. If you are a dependent student, your parent(s) must complete the parent information and you must complete the student information below**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Estimated 2016 Taxable Income:** | **Parent(s)** |  | **Student/Spouse** |
| Wages, salaries, tips (including severance pay) Father $ |  | Student $ |  |
| Mother $ |  | Spouse $ |  |
| Pensions and annuities |  |  |  |
| Interest/dividend income/capital gains |  |  |  |
| Business or farm income: |  |  |  |
| Alimony |  |  |  |
| Unemployment |  |  |  |
| Any other taxable income (deductible IRA distributions, refunds, |  |  |  |
| S Corp, trusts, etc. Specify source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **Total 2016 Taxable Income:** |  |  |  |
| **Estimated 2016 Untaxed Income:** |  |  |  |
| Social Security benefits received for all household members |  |  |  |
| Workers Compensation |  |  |  |
| Retirement or disability benefits: |  |  |  |
| Welfare benefits, ADC/AFDC (not snap/food stamps): |  |  |  |
| Child support received for all children |  |  |  |
| Any other untaxed income and benefits (untaxed portions of |  |  |  |
| pensions and IRA distributions, Housing, food and other expenses  paid, unsecured loans, etc. Specify source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **Estimate Total 2016 Untaxed Income:** |  |  |  |
| **Income Exclusions:** |  |  |  |
| Child support paid in 2016: |  |  |  |
| Federal Work-Study earned in 2016: |  |  |  |
| **Estimate 2016 Expenses:** |  |  |  |
| 2016 medical and dental expenses not paid by insurance: |  |  |  |
| 2016 elementary, junior high, and high school tuition paid (don't include tuition paid for the applicant) |  |  |  |
| For how many children? (Don't include applicant) |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Anticipated 2016 Financial Information** |  | **Parent** |  | **Student/Spouse** |
| Current amount of your cash and savings: | $ |  | $ |  |
| Current value of your real estate/investments (other than home): | $ |  | $ |  |
| Current debt on your real estate/investments (other than home): | $ |  | $ |  |
| Current value of your farm/business: | $ |  | $ |  |
| Current debt on your farm/business: | $ |  | $ |  |
| Do you live on the farm? (circle one) |  | Yes |  | No |

## Contact Information of Person with Special Circumstance:

**Name/Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification Statement:**

All of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide further proof of the information I have given on this form. I understand that if I purposely give false or misleading information, I may be subject to a fine, prison sentence, or both.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student's Signature | Date |
| Spouse's Signature | Date |
| Parent's Signature (if student is dependent) | Date |
| Parent's Signature (if student is dependent) |  | Date |

\_\_\_\_\_\_ APPROVED \_\_\_\_\_\_ DENIED APPROVED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Submit this form to the Cleveland Institute of Art, Office of Financial Aid, 11610 Euclid Ave, Cleveland, OH 44106; Fax: 216-754-3634; Email:*** [*financialaid@cia.edu*](mailto:financialaid@cia.edu)***.***

***You should make a copy of this worksheet for your records.***