



**THE CLEVELAND INSTITUTE OF ART
2017-2018 SPECIAL CIRCUMSTANCE FORM**

Instructions:

Dependent Students: Please complete this form only if your parents' 2017 income will be significantly less than the 2015 income reported on your 2017-18 Free Application for Federal Student Aid (FAFSA).

Independent Students: Please complete this form only if you and/or your spouses' (if applicable) 2017 income will be significantly less than the 2015 income reported on your 2017-18 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 2017 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 2017-2018 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 or order one on line at: <https://www.irs.gov/individuals/get-transcript>.

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 or order one on line at: <https://www.irs.gov/individuals/get-transcript>.

In addition to completing this form, do not forget to include a letter explaining the special circumstance and how you calculated your 2017 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 2017-18 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 2017 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 2017-18 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 2017-18 FAFSA. Provide a copy of your parent's 2015 IRS tax return transcript (dependent students only). Provide a copy of your and your spouse's (if applicable) 2015 IRS tax return transcript.
 - Elementary and Secondary Education Paid.** Private Tuition paid for elementary, junior high, and high school in the 2017 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 2017, 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 2017-2018 academic 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 _____

<u>Name</u>	<u>Relation to Student</u>	<u>Age</u>	<u>Name of College</u>
1.	Self		CLEVELAND INSTITUTE OF ART
2.			
3.			
4.			
5.			
6.			
7.			
8.			

PLEASE LIST ANTICIPATED INCOME FOR 2017 BELOW

Enter the total yearly income that you, your spouse (if applicable), and/or your parent(s) expect to receive from **January 1, 2017 until December 31, 2017** 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 2017-18 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 2017 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 2017 Taxable Income:			

Estimated 2017 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 2017 Untaxed Income:

Income Exclusions:

Child support paid in 2017:

Federal Work-Study earned in 2017:

Estimate 2017 Expenses:

2017 medical and dental expenses not paid by insurance:

2017 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 2017 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.**

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

