



THE CLEVELAND INSTITUTE OF ART

2022-23 SPECIAL CIRCUMSTANCE FORM- EFC and Budget Adjustments

Instructions:

Please complete this form if you or your parents' 2022 income will be significantly less than the 2020 income reported on your 2022-23 Free Application for Federal Student Aid (FAFSA) OR if you are requesting an adjustment to your Budget/Cost of Attendance.

Budget/Cost of Attendance adjustments will be covered using loans if you are eligible (subsidized, unsubsidized, PLUS, or private). The budget will only be increased for incurred costs or expenses made while the student is enrolled in a Title IV eligible program.

EFC Adjustments: complete pages 1-4.

Budget Adjustments: complete pages 1 and 5 only

On page 2 of this form, please indicate with an "X" the reason for completion of the form and/or the special circumstance. 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 2022 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 later.

Please submit with this form a completed 2022-23 Verification Worksheet along with copies of student and parent(s)/spouse's 2020 IRS **tax transcripts** (including all schedules) and copies of all 2020 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 unable to obtain an IRS tax transcript, you can submit **signed and dated** copies of your 2019 IRS tax return and copies of all 2020 W-2 forms.

In addition to completing this form, do not forget to include a letter explaining the special circumstance and how you calculated your 2022 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 2022-23 Verification Worksheet. If you did not use the IRS Data Retrieval Tool, you must submit your and your spouse's (if applicable) 2020 tax transcripts (including all schedules) and copies of all 2020 W-2 forms.** If you are unable to obtain an IRS tax transcript, you can submit signed and dated copies of your 2020 IRS tax return and copies of all 2020 W-2 forms.

Student Name: _____

Student's ID Number: _____

Please indicate with an "X" the reason for your appeal. 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 annual 2022 income compared to the annual income for 2021.
 - 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 2022-23 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.

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 2022 BELOW

Enter the total yearly income that you, your spouse (if applicable), and/or your parent(s) expect to receive from **January 1, 2022 until December 31, 2022** 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 2022-23 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 2022 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 2022 Taxable Income:				

Estimated 2022 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 2022 Untaxed Income:

Income Exclusions:			
Child support paid in 2022:			
Federal Work-Study earned in 2022:			

Estimate 2022 Expenses:

2022 medical and dental expenses not paid by insurance:		
2022 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 2022 Financial Information

	<u>Parent</u>	<u>Student/Spouse</u>
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 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.

BUDGET ADJUSTMENTS

- Medical and Dental Expenses.** Uninsured medical or dental expenses for the 2020 calendar year that are not covered by insurance and those expenses exceed 7.5% of your income reported on the 2022-23 FAFSA. Provide a copy of your parent's 2020 IRS tax return transcript (dependent students only). Provide a copy of your and your spouse's (if applicable) 2020 IRS tax return transcript.
- Housing Expense.** An example of this allowance are expenses such as housing costs. We would need a lease agreement.
- Transportation Expense.** An example of this allowance are expenses such as car repairs. We would need an itemized invoice of work to be completed. If you have already paid for the repairs, please provide the itemized receipt.
- Computer Expense.** This is a one-time allowance. We would need an invoice of the work to be completed. If you have already paid for the computer, we would need a receipt.
- Opt-in for medical waiver.** If you are uninsured, you are required to have the medical plan that we offer. If you cannot afford this plan, we can increase the budget to allow you to borrow funds to pay the plan.
- Dependent Childcare Expense.** This is considered for unusually high child care or dependent care costs. Please provide copies of receipts to show monthly expense OR provide the itemized receipt, and we will calculate the projected annual costs.
- Elementary and Secondary Education Paid.** Private or public-school tuition paid for elementary, junior high and high school in the 2021 calendar year for dependents in your family. Provide a letter from the school stating amount you have paid for tuition in 2021 (**NOTE: This is the calendar year of 2021, 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 2022-23 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.*

<p>Contact Information of Person with Special Circumstance:</p> <p>Name/Relation: _____</p> <p>Telephone: _____</p> <p>E-mail: _____</p>
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Certification Statement:

All 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 _____

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