# 2016-17 Special Circumstance Request

Print Student’s Name___________________________________________AU ID#____________________

**SECTION A: SPECIAL CIRCUMSTANCE FOR CONSIDERATION:** Please review and indicate which Special Circumstance applies to you. Documentation listed as required but not submitted will cause a delay in our ability to review your request until every required document has been received.

<table>
<thead>
<tr>
<th>SPECIAL CIRCUMSTANCE</th>
<th>FOR A DEPENDENT STUDENT</th>
<th>FOR AN INDEPENDENT STUDENT</th>
<th>REQUIRED DOCUMENTATION</th>
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</thead>
</table>
| [  ] Loss of Employment | Your parent(s’) and your income earned in 2016 will be less than that earned in 2015 | Your (and/or your spouse’s) income earned in 2016 will be less than that earned in 2015 | -2016 Verification Worksheet  
-2015 Federal Tax transcript, including all schedules  
-W-2 Wage statements for parent(s)/student  
-Last pay stub showing year-to-date earnings  
-Termination notice from employer  
-Benefit notice from employment office |
| [  ] Other Loss of Income  
- Alimony  
- Child Support  
- Retirement/Pension  
- Social Security (taxed)  
- Worker’s Compensation | Your parent(s) or you received benefits in 2015 which have ceased or been reduced in 2016 | You (and/or your spouse) received benefits in 2015 which have ceased or been reduced in 2016 | -2016 Verification Worksheet  
-2015 Federal Tax transcript, including all schedules  
-W-2 Wage statements for parent(s)/student  
-2015 Benefit statement listing total amount received  
-2016 Benefit statement listing updated amount to receive and effective date |
| [  ] Separation or Divorce | Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2016 | You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2016 | -2016 Verification Worksheet  
-2015 Federal Tax transcript, including all schedules  
-W-2 Wage statements for parent(s)/student  
-Divorce decree or separation agreement or proof of separate addresses |
| [  ] Death of a Parent or Spouse | A parent has died AFTER filing the FAFSA | Your spouse has died AFTER filing the FAFSA | -2016 Verification Worksheet  
-2015 Federal Tax transcript, including all schedules  
-W-2 Wage statements for parent(s)/student  
-Death certificate |
| [  ] Medical/Dental Expense  
If paid expenses exceed 11% of Adjusted Gross Income (AGI) | Your parent(s’) or your medical expenses paid in excess of 11% of AGI in 2015 | Your (and your spouse’s) medical expenses paid in excess of 11% of AGI in 2015 | - 2016 Verification Worksheet  
- 2015 Federal Tax transcript, including all schedules  
-W-2 Wage statements for parent(s)/student  
-Death certificate  
-Proof of medical bill payments  
-Letter from insurance company showing medical expenses not covered. |
| [  ] One Time Payment Received | Your parent(s) received a one-time lump sum payment of monies in 2015 | Your (and your spouse’s) received a one-time lump sum payment of monies in 2015 | -2016 Verification Worksheet  
-2015 Federal Tax transcript, including all schedules  
-W-2 Wage statements for parent(s)/student  
-Documents detailing One Time Payment amount, source, and reason. |
| [  ] Other Circumstances or Appeals for financial aid | Additional financial aid is being requested for the 2016-17 academic year | Additional financial aid is being requested for the 2016-17 year | -Letter of appeal from student  
-Supporting documentation |

Complete The Second Page Of This Form
SECTION B: EXPLANATION OF SPECIAL CIRCUMSTANCES: You must attach a written statement detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your particular situation. Make sure to sign your written statement once completed.

SECTION C: PROJECTED INCOME & BENEFITS FROM JANUARY 1, 2016 TO DECEMBER 31, 2016

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>(Step) Father</th>
<th>(Step) Mother</th>
<th>Student</th>
<th>Student’s Spouse</th>
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</thead>
<tbody>
<tr>
<td>Wages, Tips, Salary</td>
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<tr>
<td>Interest and/or Dividend Income</td>
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<tr>
<td>Business/Farm Income</td>
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<td>Unemployment Compensation</td>
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<td>Worker’s Compensation</td>
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<tr>
<td>Pensions and/or Annuities</td>
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<tr>
<td>Severance Pay</td>
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<td>Retirement Benefits</td>
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<td>Disability Benefits</td>
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<td>Social Security Benefits (taxable)</td>
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<td>Child Support</td>
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<td>Alimony</td>
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<tr>
<td>Welfare Benefits</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Total of all Income</strong></td>
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</tbody>
</table>

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR MEDICAL/DENTAL EXPENSES PAID IN 2015:

Medical/Dental Expenses in 2015 $____________________

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR A ONE-TIME PAYMENT RECEIVED IN 2015:

Amount of lump sum received in 2015 $____________________

SECTION D: STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change of my financial aid already offered.

All persons providing information must sign below:

Student’s Signature

Date

Student’s Spouse Signature (If applicable)

Date

Parent’s Signature (If student is dependent)

Date

Anderson University
Office of Financial Aid Planning
316 Boulevard
Anderson, SC 29621

Phone: (864) 231-2070
FAX: (864) 231-2008
www.andersonuniversity.edu