All applicants are required to complete this section. (The application will be returned if all applicable pages are not completed and submitted.)

This application should be used AFTER the 20____-20____ Free Application for Federal Student Aid (FAFSA) has been submitted. Complete these forms ONLY if there have been recent unusual or extenuating circumstances which have caused a significant decrease in your last year’s taxable or non-taxable income.

Each request for a special circumstance review is evaluated on an individual basis. In order to have your award reevaluated; your initial award must be processed first. The number of special circumstance requests by this office may possibly cause a delay in reviewing your application. The student will be notified by mail/email of the decision.

Circumstances which might be considered unusual or extenuating may include (but are not limited to) the following:

- Non elective medical/dental expenses (not covered by insurance)
- Income reduction/job loss or change in income/Change in number in household
- Dependent care expenses (for family members with disabilities or handicapped)
- Child care expenses (for independent students only)
- Unusual, unexpected out-of-pocket debts (professional license, repairs, etc.)
- Other (one-time budget increase for purchase of computer or laptop)

Office of Student Financial Services
999 Avenue H, N.E.
Winter Haven, FL 33881-4299
Phone: 863-297-1004
Fax: 863-298-6850
Email: financialaid@polk.edu

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services, and activities.
A. INCOME REDUCTION
Will your income and/or your parents(s)/spouse’s income be less in the 2015 calendar year than reported on your FAFSA? If so, select one reason below:

☐ 1. UNEMPLOYMENT Effective Date _____________ New Date of Employment _____________
Required Documents (4):
1. Unemployment Verification
2. Certification of total 2014 unemployment benefits eligibility
3. 2014 earnings up to the last date of employment
4. 2014 Tax Return Transcript

☐ 2. CHANGE IN EMPLOYMENT Effective date ______________
Required Documents (4):
1. Employment Verification
2. First and/or last date of employment
3. 2014 earnings up to the last date of employment
4. 2014 Tax Return Transcript

☐ 3. RETIREMENT Effective date _______________
Required Documents:
Retirement Verification (retirement statement for 2014)
First and/or last date of employment
2014 earnings up to the last date of employment
2014 Tax Return Transcript
If military discharge, copy DD214
Certification of unemployment benefits (if applicable)

☐ 4. DIVORCE / SEPARATION Effective date ______________
Required Documents (1):
Divorce: Copy of divorce decree
Separation: Copy of legal separation or
Signed copy from attorney indicating date of separation or
A notarized statement verifying separation
Rent and/or utility receipts for both parents
2014 Tax Return Transcript (both parties)
2014 W-2’s (both parties)

☐ 5. DEATH Effective date ______________
Required Documents (2):
1. Obituary 2. Copy of death decree

☐ 6. DISABILITY Effective date _______________
Required Documents (2):
1. A letter from the doctor stating the nature and date of disability
2. Copy of expected Social Security benefits for 2015

☐ 7. LOSS OF BENEFITS AND/OR UNTAXED INCOME Effective date ______________
☐ Child Support  ☐ Alimony  ☐ Workman’s Comp  ☐ Social Security  ☐ Disability  ☐ Other
Required Documents: 1. Letter certifying appropriate loss on verifying letterhead.
B. NON ELECTIVE MEDICAL/DENTAL EXPENSES (NOT COVERED BY INSURANCE)

- How much did you/your parent(s) pay for medical/dental insurance in 20 __ __ __________
  (Do not include employer’s contribution. Must be this past year)
- Amount paid for 20 _____ medical/dental expenses not paid by insurance __________.
- Amount expected to pay for current year 20__ for medical/dental expenses not paid by insurance __________

UNUSUAL MEDICAL/DENTAL EXPENSES

MEDICAL/DENTAL EXPENSES UP TO 11% OF THE FAMILY’S INCOME ARE ALREADY TAKEN INTO ACCOUNT BY THE FEDERAL NEEDS ANALYSIS FORMULA WHEN DETERMINING FINANCIAL AID ELIGIBILITY. THEREFORE, ONLY THE PORTION OF EXPENSES, WHICH EXCEED 11%, WILL BE CONSIDERED AN UNUSUAL CIRCUMSTANCE.

Required Documentation (2): ________ (1.) IRS Tax Transcript, Schedule A – Itemized deductions and (2.) paid receipts of medical and dental payments NOT covered by insurance. (HIGHLIGHT YOUR PORTION OF THE PAYMENT.)

C. DEPENDENT CARE EXPENSES FOR FAMILY MEMBERS WITH DISABILITIES AND/OR HANDICAPS

1. Do you pay for elementary or secondary education expenses for a family member with a disability or handicap?
   Yes [ ] No [ ]
   List family member(s) and the amount of expenses for each by completing the grid below:

<table>
<thead>
<tr>
<th>Family Member’s Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Elementary Ed Expense</th>
<th>Secondary Ed Expense</th>
<th>Total (current year) Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Do you have dependent care expenses for elderly or disabled family member (s)? Yes [ ] No [ ]

<table>
<thead>
<tr>
<th>Family Member’s Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Total Care Expenses 20__</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Required Documentation (3): 1. 20 ________ 1040 Federal Tax Returns and all attachments
   2. Paid receipts for payments made in 20_____ 
   3. Letter from caregiver stating amount of payment for the 20______ year

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services, and activities.
D. CHILDCARE EXPENSES (INDEPENDENT STUDENTS ONLY)

List your children enrolled in childcare and the amount paid in grid below:

<table>
<thead>
<tr>
<th>Family Member's Name</th>
<th>Age</th>
<th>Total 20________ Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Required Documentation (3): 1. 20_________ 1040 Federal Tax Return
2. Receipts for payments made in 20________
3. Letter from daycare provider stating total fees paid by student in 20_____

E. UNUSUAL DEBTS

NOTE: Debts like car, mortgage, credit cards, and school loans are NOT unusual debts.

1. Do you have unusually high debts or loans due to unemployment, failed business, or emergency medical expenses within 20________ for which you are currently making monthly payments?

If yes, provide the following information: (NOTE: If additional debts have been incurred, write the information on an additional sheet of paper and attach to this application.)

   a) Type or cause of debt:____________________________________________________________
   b) Owed by whom? ________________________________________________________________
   c) Amount of original debt: ________________________________________________________
   d) Date incurred (month/year):_____________________________________________________
   e) Balance owed on debt: $_________________________________________________________
   f) Date payments began (month/year): _____________________________________________
   g) Monthly payment: $____________________________________________________________
   h) Holder of debt: __________________________________________________________________
   i) Date payments began (month/year): _____________________________________________
   j) Will these expenses be higher in 20_______? Explain why:
      ____________________________________________________________________________
      ____________________________________________________________________________
      ____________________________________________________________________________
   k) From what resources will you finance these expenses?
      ____________________________________________________________________________
      ____________________________________________________________________________
      ____________________________________________________________________________

Required Documentation (1): ● Contract, or
   ● Lien, or
   ● Billing or payment summary from person, company, or agency to which debt is owed.
ESTIMATED INCOME FOR CURRENT 20_____ CALENDAR YEAR
(Please complete applicable sections)

If you (the student) are divorced or separated, include only YOUR income information. If your parents are divorced or separated, include only YOUR CUSTODIAL PARENT’S income information. If your custodial parent has remarried, you must include his/her spouse’s income information. If the loss of income is due to the death of your (the student’s) spouse/parent, include only YOUR income information OR the SURVIVING PARENT’S income information.

NOTE: Write in zero (0) if an item does not apply (1/1/20_______ – 12/31/20_______)

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
<th>Student</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Taxable:**
- Wages, Salaries, and Tips
- State Unemployment Benefits
- Pension
- Alimony
- Other (please specify)

**Non-Taxable:**
- Social Security Benefits
- AFDC
- Child Support Received
- Other Untaxed Income/Benefits

Total Anticipated Income

Cash & Savings

**HOUSEHOLD SIZE AND NUMBER IN POST-SECONDARY SCHOOL**

This section MUST be completed if your household size or number of family members enrolled in post-secondary education has changed since you completed the original FAFSA.

Write the number of people that your parents (or you and your spouse) will support between July 1, 20_____ current year and June 30, 20____ coming year in January. Include yourself (the student) in this figure. Write in the number of people from the household who will be attending post-secondary school between July 1, 20_____ and June 30, 20____. Include yourself (the student) but include only others who are enrolled on at least a half-time basis in a degree or certificate program.

Total Number of Family Members: ________________________________

Number in College: ____________________________________________

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services, and activities.
EXPLANATION OF EXPENSES AND/OR INCOME REDUCTION
(Please complete this section.)

Please explain in detail the reason(s) for your request for special consideration. Give details of your income reduction, extenuating circumstances, or additional expenses. Provide an additional sheet if necessary.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

CERTIFICATION STATEMENT:
Note: Although your Special Circumstances may be approved, it may NOT warrant additional aid due to availability of funds.

We certify that the information provided on this form is complete and accurate to the best of our knowledge. If additional changes occur during the current academic year that would alter the information provided on this Special Circumstances Form, we will immediately contact the Student Financial Services Office.

Student Signature: ________________________________ Date: _____________

Spouses Signature: ________________________________ Date: _____________

(Step) Father’s Signature: __________________________ Date: _____________

(Step) Mother’s Signature: __________________________ Date: _____________

DECISION OF REVIEW:

Signature of Polk State Processor: __________________________ Date: _____________

Print Name: ______________________________________ Phone/Ext: _____________

DECISION:

__________________________________________________________________________________________________

WARNING:
If you purposely give false or misleading information on this worksheet, you will be fined, sentenced to jail, or both.

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services, and activities.