



Financial Aid

440 East McMillan Street, Cincinnati, Ohio 45206-1925 | P: 513-861-6400 | 800-486-3116 x2005 | F: 513-487-1078

Special Circumstance Form Office of Federal Compliance & Financial Aid

You should complete this form *if* you have special or unusual circumstances that may have a bearing on your financial aid eligibility. You should know that not all special or unusual circumstances will result in a change to your financial aid awards. *In order for our office to process your form and evaluate your circumstances your form must be accompanied by all required documentation.*

HOW TO COMPLETE THIS FORM:

- (1) If you, your spouse or your parent(s) will have a substantially reduced income in 2016 (as compared to 2015), complete **Section I**.
- (2) If you, your spouse or your parent(s) **paid** unusually high medical or dental expenses in 2015 that were not covered by insurance, complete **Section II**.
- (3) If you and your spouse or your parent(s) **paid** private/parochial elementary or secondary tuition in 2015, complete **Section III**.
- (4) If you, your spouse or your parent(s) had other unusual expenses in 2015 which may have a bearing on your financial aid eligibility, complete **Section IV**.
- (5) You must sign the certification statement in **Section V**.

Applicant Name _____ **SSN** _____
(Please Print) (Required)

SECTION I: REDUCTION IN INCOME

Check the reason for your 2016 income reduction: Loss of Employment Divorce/Separation
 Death of a Parent or Spouse Loss of Child Support Loss of Unemployment, Disability Benefits or Social Security Benefits Specify other reason(s) _____

You must provide all projected income and benefits from January 1, 2016 to December 31, 2016: (Note: Parent(s) information must be provided ONLY for dependent students)

Projected 2016 wages (earned income) and other taxable income	Student	\$ _____
	Student's Spouse	\$ _____
	Student's Parent(s)	\$ _____

Projected 2016 untaxed income & benefits: (E.g. TANF, Social Security Benefits)	Student	\$ _____
	Student's Spouse	\$ _____
	Student's Parent(s)	\$ _____

Required documentation for reduction income: For reductions in earned wages, you must provide a copy of your latest paycheck or a statement from your employer indicating your rate of pay. Note: adjustments are not made for

loss of overtime. For reductions in other taxable income such as unemployment benefits, you must submit a letter from the agency indicating the date of termination or reduction in taxable income or benefits. If there is a change or loss in any untaxed income or benefits, you must submit a statement from the applicable agency estimating the total amount of benefits expected in 2016 or the date benefits were terminated. If the loss of income is due to divorce or separation, you must provide documentation confirming the separation or divorce.

SECTION II: MEDICAL/DENTAL EXPENSES PAID IN 2015 NOT COVERED BY INSURANCE

Amount of medical/dental expenses PAID in 2015 \$ _____

Required documentation for medical/dental expenses paid in 2015: You must submit copies of paid bills or invoices along with copies of canceled checks. Note: Typically medical/dental expenses paid (and not covered by insurance) will only be considered where the expenses exceed 11% of total earnings.

SECTION III: PRIVATE ELEMENTARY OR SECONDARY TUITION PAID IN 2014

Amount of private elementary or secondary tuition paid in 2015 \$ _____

Required documentation for private/parochial elementary or secondary tuition paid in 2015: You must submit documentation from the school(s) where tuition was paid and proof of payment. Note: only the amount of tuition PAID in 2013 by the student, student's spouse or parent(s) is considered.

SECTION IV: OTHER UNUSUAL EXPENSES IN 2015

Specify any other unusual expenses you and your spouse or your parents paid in 2015

Amount of other unusual expenses paid in 2015 \$ _____

Required documentation for other unusual expenses paid in 2015: You must submit all appropriate documentation to confirm the payment in 2015 of the other unusual expenses indicated above.

SECTION V: CERTIFICATION STATEMENT

All of the information on this form is true and complete. The Office of Financial Aid may request additional documentation or further information if necessary, including but not limited to copies of 2015 federal income tax returns.

Applicant (learner/student) Signature _____ Date _____

Parent Signature (for a dependent student only) _____ Date _____

Submit this form and all documentation to:

Office of Financial Aid
Union Institute & University
440 East McMillan Street
Cincinnati, Ohio 45206-1925
Phone: 800-486-3116 x2005
Fax: (513) 487-1078
Email: finaid@myunion.edu