



2020-2021 INDEPENDENT CONSIDERATION OF SPECIAL CIRCUMSTANCES

Student Name: _____ **Student ID#** _____

Complete this form only if you have already completed the 2020-2021 FAFSA (Free Application for Federal Student Aid). Please submit photocopies, as these documents will not be returned to you.

All types of special circumstances must complete steps 1-3 and supply acceptable documentation.

1. Please attach a detailed letter explaining your special circumstance.
2. Provide your and your spouse's (if applicable) 2018 **IRS tax return**. (See page 4 for instructions)
3. Complete Section A-E and the signature section at the end.

PLEASE NOTE: Not all circumstances will result in an adjustment of aid. The Special Circumstance Committee ensures that federal, state, and institutional policies and regulations are upheld.

Types of Special Circumstances:

Below are some of the types of special circumstances that we can review. Please attach all required documents and submit to the Office of Financial Aid at the above address.

Circumstance	Acceptable Documentation
Paid Medical/Dental expenses not covered by insurance	<ul style="list-style-type: none"> • IRS Form 1040, Schedule A <li align="center">Or • Copies of cancelled checks or statements indicating amount PAID.
Reduction in income due to involuntary unemployment	<ul style="list-style-type: none"> • Complete the 2020 Student or Spouse Expected Income section of this document. <li align="center">And • Letter from employer indicating last date of employment <li align="center">And • Final pay stub <li align="center">And • Copy of Determination of Benefits Rights letter for unemployment
Loss of non-taxable income, such as Child Support or Worker's Compensation	<ul style="list-style-type: none"> • Official statement of benefits with termination date
Divorce, separation, or death of spouse Date of Divorce/Separation: _____	<ul style="list-style-type: none"> • Divorce or legal separation agreement • 2018 W2 forms • Death Certificate
Private Elementary/Secondary Tuition Expenses	<ul style="list-style-type: none"> • Copy of the tuition bill for the 2020-2021 academic year
Unusual one time income change such as inheritance, capital gain, or catastrophic expense	<ul style="list-style-type: none"> • Statement indicating the nature of this occurrence
Spouse enrolled at least half time in college	<ul style="list-style-type: none"> • Copy of registration statement for 2020-2021

A. Family Information- List the people in your household, please include:

- Yourself
- Your spouse (if applicable)
- Your children, if you will provide more than half of their support from July 1, 2020 through June 30, 2021
- Any other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2020 through June 30, 2021

Full Name	Age	Relationship	College Name (for any household member attending at least half-time between 7/1/20 and 6/30/21, and will be enrolled in a degree, diploma, or certificate program)
Example: Mark Jones	30	Spouse	Edgewood College
		Self	

B. STUDENT/SPOUSE (if applicable) Untaxed Income Information

Untaxed Income	Student and Spouse (if applicable) Combined amount in 2018
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.	
Child support received for any of your children. Don't include foster care or adoption payments.	
Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.	
Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	
Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	
Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	
Other untaxed income not reported in items 45a through 45h, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.	

C. Student Tax and Income Information- Check one box

- Student 2018 IRS tax returns
 - I updated the FAFSA and used the IRS data retrieval option for the student financial information on (date)_____.
 - I have attached the student's 2018 IRS tax return.
 - I will not file, am not required to file a 2018 Federal Tax Return, and I DID NOT work in 2018. I submitted the 4506-T to the IRS on (date)_____.

(Confirmation of nonfiling status is required. Submit form 4506-T to the IRS to obtain the acceptable nonfiling status confirmation. Complete lines 1-4 and the signature section of the attached 4506-T form.)

 - I will not file, am not required to file a 2018 Federal Tax Return and I DID work in 2018. I submitted the attached 4506-T to the IRS on (date)_____ and completed the chart below.
- (Confirmation of nonfiling status is required. Submit form 4506-T to the IRS to obtain the acceptable nonfiling status confirmation. Complete lines 1-4 and the signature section of the attached 4506-T form.)

Employers / Source of Income	Amount in 2018	W2 was received for this
		<input type="checkbox"/> No <input type="checkbox"/> Yes, please attach W2
		<input type="checkbox"/> No <input type="checkbox"/> Yes, please attach W2

D. Spouse Tax Forms and Income Information- Check one box

- Spouse 2018 IRS tax returns
 - Student and spouse filed 2018 taxes jointly.
 - Student and spouse filed 2018 taxes separately. I have attached my spouse's 2018 federal tax return.
 - My spouse did not file taxes – complete the chart below.

Employers / Source of Income	Amount in 2018	W2 was received for this
		<input type="checkbox"/> No <input type="checkbox"/> Yes, please attach W2
		<input type="checkbox"/> No <input type="checkbox"/> Yes, please attach W2

E. EXPECTED 2020 INCOME (January 1, 2020 – December 31, 2020)- Complete ONLY if you are appealing due to loss of income and ONLY for the individual affected.

Affected person(s):

Name of individual(s) whose income has significantly changed _____

1. In the spaces below, the affected person will need to itemize their actual and/or estimated total monthly gross income (before deductions) from work. If they will not have any income from work please fill in blank(s) with a zero (0).
2. If the affected person will be receiving any of these benefits below, please indicate the amounts per month and total all columns that have monthly amounts reported.

Monthly gross income from work (before deductions)

Please Check:

- Student
- Spouse

Jan 2020	\$	
Feb 2020	\$	
Mar 2020	\$	
Apr 2020	\$	
May 2020	\$	
June 2020	\$	
July 2020	\$	
Aug 2020	\$	
Sept 2020	\$	
Oct 2020	\$	
Nov 2020	\$	
Dec 2020	\$	
Total		

Monthly income from benefits

Please Check:

- Unemployment benefit
- Worker's compensation
- Child support received (for all family members)

Jan 2020	\$	
Feb 2020	\$	
Mar 2020	\$	
Apr 2020	\$	
May 2020	\$	
June 2020	\$	
July 2020	\$	
Aug 2020	\$	
Sept 2020	\$	
Oct 2020	\$	
Nov 2020	\$	
Dec 2020	\$	
Total		

All of the following are required:

- A detailed letter explaining your special circumstances
- Your and your spouse's (if applicable) 2018 **IRS tax return** - copies of the federal tax forms are not acceptable
- Acceptable documentation to support your special circumstance
- A completed and signed copy of this form

My signature below certifies that all information on this request and attachments is true, accurate and complete to the best of my knowledge. I understand that approval of this request is contingent upon the accuracy of the information submitted on the FAFSA.

Student signature: _____ Date: _____

After all required documents have been received, the student will be notified of the outcome via Edgewood email within 2 weeks. If you would like the results copied to an additional email address, please provide the address below.

Additional email: _____

Submit Materials to:
 Financial Aid/Edgewood Central
 1000 Edgewood College Dr.
 Madison, WI 53711

Fax: 608-663-3495
 Scan & Email: ecentral@edgewood.edu