



## SPECIAL CIRCUMSTANCES REQUEST FORM- PARENT

Student's First Name	Last Name	MI	LMC ID	XXX-XX- Last 4 digits of SSN

**Attach the following documents with this form:**

1. A signed letter clearly explaining the parent's special circumstances with documentation (see below). If both parents have experienced changes, complete a form for each parent.
2. A copy of parent 2016 IRS Tax Return Transcript and W-2 form(s). Visit [www.irs.gov](http://www.irs.gov) or call 1-800-908-9946 to request your **federal tax return transcript**. DO NOT submit 1040A/EZ or 1040 form.
3. Estimated Income Worksheet on reverse of this form

**Check off and Attach documentation appropriate to parent's situation**

**1. Involuntary loss or significant reduction of income and/or benefits**

- Termination/Severance Letter from employer
- Final Earnings Statement or pay stub from previous employer
- Unemployment benefits letter that states the Maximum Benefits Available – If not receiving benefits, explain why below

**2. Change in Parent's Marital Status since filing the FAFSA - Recently separated or divorced**

- Provide copy of legal separation/divorce agreement (court-ordered or letter from attorney)
- In absence of a legal separation/divorce document, proof of separate addresses (i.e. utility bills, lease)

**3. Death of Parent since filing the FAFSA**

- Provide copy of death certificate
- Parents' 2016 IRS Tax Transcript and both parents' 2016 W-2 Forms

**4. Loss of one-time income received in 2016 that parent will not receive in 2018**

- Examples of one-time income include: severance pay, alimony, child support, etc.(not bonuses or overtime pay)

**5. Significant and/or recurring PAID medical, dental or elder care expenses not covered by insurance for family members in parent's household**

- If expenses were not included on Schedule A of parent's federal income tax return, provide proof of payments to providers such as receipts, paid statements, copies of canceled checks, bank account withdrawals, etc., for expenses paid out of pocket in 2016
- Documentation of continuing 2018 expenses not covered by insurance that parents are paying (receipts, paid statements, copies of canceled checks, bank account withdrawals, etc.)

**(Continued on reverse)**

6. Special circumstances not mentioned above or additional explanations:

---



---



---



---

## ESTIMATED INCOME and WORKSHEET

For the parent with the change in circumstances, please provide year-to-date earnings and benefits for 2018 as provided on the accompanying documentation. Then project anticipated income through the end of 2018. Use your wage, unemployment documentation, etc. to estimate what wages and benefits will be received through the end of the year. Add the actual and estimated column figures to arrive at the Total 2018 estimated income figures in the last column.

Types of income/benefits	Actual Earnings January 1, 2018 to Today	Estimated Earnings Tomorrow to December 31, 2018	Total Estimated Earnings January 1 – December 31, 2018
Income from Wages (including severance pay)			
Unemployment Benefits			
Social Security Income			
Other Retirement Income			
Child Support Received			
Disability Income			
Other Income: List			
_____	_____	_____	_____
_____	_____	_____	_____

Attach your letter of explanation and all documentation to this form to submit to the Financial Aid Office.

**CERTIFICATION AND SIGNATURE:** *By signing this form, you are certifying that all of the information reported on the form is complete and accurate. If asked, I agree to provide additional documentation to the Financial Aid Office at Lake Michigan College.*

Parent Signature

Date