

## 2021-2022 Special Circumstances Form – 2020 Income

The Department of Education allows Financial Aid Administrators to take some special circumstances into consideration if the FAFSA does not accurately reflect a student’s financial situation. This form is used to document that information. *Please read the instructions carefully and include any additional documentation that is requested.* Fill out each section that applies to you. If the FAFSA determined that you are an independent student (no parental information was required), you do not need to include parent information on this form.

### Section A: Student Information

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ NU Student ID: \_\_\_\_\_

### Section B: Unusual Expenses

**Check any boxes that apply**

**A. Unusual Medical & Dental Expenses**

Amount paid out of pocket for your medical/dental insurance in 2020: \$ \_\_\_\_\_  
(Do not include employer’s contribution)

Amount paid for medical/dental expenses NOT covered by insurance in 2020: \$ \_\_\_\_\_

**B. Elementary & Secondary Education Tuition for 2021-2022** *(Not college expenses)*

List the amount of elementary and/or secondary school tuition that you will pay for your dependent children to attend school during the 2021-2022 academic year. Do not include amounts covered by scholarships or waivers. Do not include college expenses.

Child’s Name	Age	Name of School	Amount of Tuition
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**C. Unusual Expenses**

List the amount of any other unusual debts or expenses on which you or your parents are currently making monthly payments, such as elderly dependent care. Do not list consumer debt for discretionary purchases or services.

Type of Expense	Monthly Payment Amount
_____	\$ _____
_____	\$ _____

**Please explain, in the space provided below, what makes the expenses listed in Section B unusual:**

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### Section C: Income Reduction for 2020

**Check any boxes that apply**

If you will have a reduction in income for 2020 please check the appropriate reason(s) for this change. Indicate the date that this change occurred. You must also complete Section D.

- A. Loss or Reduction of Employment or Wages**  
 Indicate the Individual who has a loss/reduction of employment or wage, the date this occurred, and the name of the former employer.
- |                                  |             |                        |
|----------------------------------|-------------|------------------------|
| <input type="checkbox"/> Father  | Date: _____ | Former Employer: _____ |
| <input type="checkbox"/> Mother  | Date: _____ | Former Employer: _____ |
| <input type="checkbox"/> Student | Date: _____ | Former Employer: _____ |
| <input type="checkbox"/> Spouse  | Date: _____ | Former Employer: _____ |
- B. Loss of wage earner due to death, divorce, or separation.**
- C. Termination of child support, alimony, or Social Security Dependent Survivor Benefits**
- D. Are you receiving any public assistance benefits? Check the box(es) below that apply:**
- |                               |                                   |  |
|-------------------------------|-----------------------------------|--|
| <input type="checkbox"/> TANF | <input type="checkbox"/> WIC      | <input type="checkbox"/> Free and/or Reduced Price Lunch |
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Medicaid |  |

### Section D: Expected 2020 Taxable/Non-Taxable Income & Benefits

2020 Income	Student			Spouse or Parent (Dependent Students Only)		
	Up to (date) __/__/2020	Estimate for the Remainder of 2020	Estimated Total for 2020	Up to Parent 1 (P1) __/__/2020 Parent 2 (P2) __/__/2020	Estimate for the Remainder of 2020	Estimated Total for 2020
Income Earned from Work				P1:  P2:	P1:  P2:	P1:  P2:
Other Taxable Income <i>(do not include unemployment income)</i>						
Untaxed Social Security Benefits						
Child Support						
Other Untaxed Income						
Earned Income Credit						
<b>Totals</b>						

### Section E: Explanation of Expenses and/or Income Reduction

Explain the reason (s) for your request for special consideration and your income reduction or additional expenses (If you need more room, you may submit an additional page):

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### Section F: Signature(s)

By signing this worksheet, I/we certify that all the information reported on this worksheet is complete and correct. One parent whose information is provided must sign.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*This form must be signed and dated in order to be processed\*\***

Only one Special Circumstance Form may be processed during a student's college career at Northwest University.

Note: Special Circumstance Forms may take four to six weeks to process.