



**Section D: Income Earned in 2023**

If you or your parent(s) had a reduction in income for 2023, complete the table below. Enter \$0 for any income not received in 2023.

<b>Taxable/Non-Taxable Income &amp; Benefits for 2023</b> (from January 1, 2023 – December 31, 2023)			
Income for 2023	Student	Parent 1	Parent 2
<b>Income Earned from Work</b> <i>(non-tax filers attach copy of all W-2 and/or 1099 forms)</i>	\$	\$	\$
<b>Other Taxable Income</b> <i>(do not include unemployment income)</i>	\$	\$	\$
<b>Untaxed Social Security Benefits</b>	\$	\$	\$
<b>Child Support Received</b>	\$	\$	\$
<b>Earned Income Credit</b>	\$	\$	\$
<b>Military/Clergy Allowance</b> <i>(housing, food, living allowances paid to military/clergy)</i>	\$	\$	\$
<b>Payments to Tax-Deferred Pension and Retirement Plans</b>	\$	\$	\$
<b>Other Untaxed Income</b>	\$	\$	\$
<b>Totals</b>	\$	\$	\$

**Section E: Unusual Expenses**

If you or your parent(s) had unusual expenses in 2023 causing undue financial hardship, check the appropriate box(es) and complete the applicable section(s) below. If this section does not apply, leave blank and proceed to Section F.

**Costs Associated with Additional Family Member(s) in College for 2023 calendar year**

Of those included in your parent's household/family size on the FAFSA, list the additional family member(s) enrolled in a program leading to a college degree or certificate at a post-secondary educational institution and complete the table below. **Do not include the student.**

Additional Family Member's Name	Age	Relationship to Student	Name of College/University	Total Costs Paid by Parent
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**Unusual Medical/Dental Expenses**

Amount paid out of pocket for medical/dental insurance (not including employer's contribution) or medical/dental expenses not covered by insurance in 2023: \$ \_\_\_\_\_

**Elementary/Secondary School Tuition for 2023 calendar year** (does not include college expenses)

List the amount of tuition that your parent will pay for their dependent child(ren) to attend elementary/secondary school during the 2023 calendar year. Do not include amounts covered by scholarships, waivers, or reimbursed by another source.

Child's Name	Age	Name of School	Amount of Tuition in 2023
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Unusual Debts/Expenses**

List the amount of other unusual debts/expenses you or your parents paid in 2023 (such as dependent care, care of a disabled or elderly family member, other debts for nondiscretionary expenses, etc.). Do not list consumer debt for discretionary expenses.

Type of Debt/Expense	Debt/Expense Paid By	Amount Paid in 2023
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Section F: Signature(s)**

By signing this worksheet, I/we certify that all information reported on this worksheet is complete and correct and I acknowledge that Special Circumstance Forms may take up to four weeks to process. **\*\*The student and one parent whose information is provided must sign this form\*\***

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

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