



### Section D: Projected Income for the Remainder of 2024

If you or your spouse had a reduction in income for 2024, complete the table below. Enter \$0 for any income not received in 2024.

<b>Projected Taxable/Non-Taxable Income &amp; Benefits for 2024</b> (from date of income loss – December 31, 2024)		
Projected Income for 2024	Student	Spouse (if married)
Income Earned from Work	\$	\$
Other Taxable Income <i>(do not include unemployment income)</i>	\$	\$
Untaxed Social Security Benefits	\$	\$
Child Support Received	\$	\$
Earned Income Credit	\$	\$
Military/Clergy Allowance <i>(housing, food, living allowances paid to military/clergy)</i>	\$	\$
Payments to Tax-Deferred Pension and Retirement Plans	\$	\$
Other Untaxed Income	\$	\$
<b>Totals</b>	<b>\$</b>	<b>\$</b>

### Section E: Unusual Expenses

If you or your spouse had unusual expenses in 2024 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 2024 calendar year**

Of those included in your 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 yourself.**

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

**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 2024: \$ \_\_\_\_\_

**Elementary/Secondary School Tuition for 2024 calendar year** (does not include college expenses)

List the amount of tuition that you will pay for your dependent child(ren) to attend elementary/secondary school during the 2024 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 2024
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Unusual Debts/Expenses**

List the amount of other unusual debts/expenses you paid in 2024 (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 2024
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### 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.

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

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