



ICC-Financial Assistance Office  
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## 2018-2019 Dependent Special Circumstance

Student Name (please print)

ICC Student ID #

**PURPOSE:** According to federal laws, a family's 2016 income is used to assess financial need for the 2018-2019 aid year. If the family's 2018 calendar year income is lower due to a special circumstance, a financial aid administrator may be able to use the 2018 income to assess financial need. Please complete this form to assist you in reporting changes in the financial circumstances of your parent(s) that have occurred and that will severely limit the ability of your parent(s) to contribute toward your 2018-2019 college costs.

**IF THIS FORM IS NOT FILLED OUT COMPLETELY AND IF ALL THE INFORMATION IS NOT SUBMITTED, THIS FORM WILL NOT BE PROCESSED. If this form is submitted after January 1, 2019, a signed 2018 tax transcript and W-2s must be attached.**

Please check the categories that apply to the parent and complete the Expected Income and Benefits Table.

**Unemployment or change of employment:** Parent(s) must have earned money in 2016 and lost his/her job involuntarily for at least 8 weeks in 2018.

➤ **Required Documentation**

- A signed copy of your parent's 2016 IRS Federal Tax Return and W-2's and a copy of your parent's 2016 IRS tax transcript if they did not use the IRS retrieval on the FAFSA.
- A signed copy of your parent's 2017 IRS Federal Tax Return and W-2's and a copy of your parent's 2017 IRS tax transcript.
- Submit a copy of the letter of separation/termination or letter from your parent's previous employer on company letterhead stating effective date and the circumstances under which they left their employment.
- Last or current paycheck stub showing 2018 year-to-date earnings for your parent(s) from each job worked in 2018.
- Unemployment benefit summary stating the last day worked
- Verification of unemployment and amounts of unemployment benefits received
- Verification of disability and amount of benefits received

**Death of a parent**

**Required Documentation**

- Copy of death certificate
- A signed copy of your parent's 2016 IRS Federal Tax Return and W-2's and a copy of your parent's 2016 IRS tax transcript if they did not use the IRS retrieval on the FAFSA.
- A signed copy of your parent's 2017 IRS Federal Tax Return and W-2's and a copy of your parent's 2017 IRS tax transcript

**Divorce or separation of parent**

**Required Documentation**

- Copy of separation or divorce decree (indicating date of separation/divorce), if legal documentation cannot be provided, parent must submit a signed statement with the details of separation, living arrangements and date of separation.
- A signed copy of your parent's 2016 IRS Federal Tax Return and W-2's and a copy of your parent's 2016 IRS tax transcript if they did not use the IRS retrieval on the FAFSA.
- A signed copy of your parent's 2017 IRS Federal Tax Return and W-2's and a copy of your parent's 2017 IRS tax transcript

**Medical and dental expenses that exceed 12% of your parent's total income**

**Required Documentation**

- 2016 1040 Schedule A
- Provide copies of cancelled checks or paid receipts for expenses **paid** in 2016 that were not reimbursed by insurance.
- A signed copy of your parent's 2016 IRS Federal Tax Return and W-2's and a copy of your parent's 2016 IRS tax transcript if they did not use the IRS retrieval on the FAFSA.

**A situation you feel warrants consideration for special circumstances (loss of a benefit; i.e. child support, social security for a surviving dependent, unemployment, disability, workman's comp, or other)**

**Required Documentation**

- Provide written explanation and supporting documentation
- A signed copy of your parent's 2016 IRS Federal Tax Return and W-2's and a copy of your parent's 2016 IRS tax transcript if they did not use the IRS retrieval on the FAFSA.
- A signed copy of your parent's 2017 IRS Federal Tax Return and W-2's and a copy of your parent's 2017 IRS tax transcript.

**EXPECTED TOTAL INCOME AND BENEFITS TABLE:** January 1, 2018 through December 31, 2018

<b>WAGES FROM WORK FOR PARENT(S)</b> <b>(If it does not apply enter "0" or "N/A")</b>	<b>Actual Income</b> <b>1/1/2018 to</b> <b>today</b>	<b>Estimated Income</b> <b>from today to</b> <b>12/31/2018</b>
Mother gross wages (provide most recent pay statement)		
Father gross wages (provide most recent pay statement)		
<b>OTHER TAXABLE INCOME</b>		
Unemployment Gross Income to date and anticipated in 2018		
Severance, Paid Time Off, or Vacation Payout (if not included in gross wages)		
Social Security Income (provide gross monthly statement)		
Taxable Disability Income (provide gross monthly statement)		
Taxable Pension (provide gross monthly statement)		
Interest/dividend income (please anticipate any type of asset income you are required to report on your 2018 federal tax return)		
Business income, rents, royalties, and/or annuities		
Maintenance/support received in 2018 if separated/divorced		
Taxable income from 401K disbursement or other existing assets (include year-to-date gross disbursements and anticipated disbursements)		
Other taxable income such as survivor benefits, lump sum payout, etc. (list the source)		
<b>TYPES OF UNTAXED INCOME</b>		
Housing allowance for military or clergy (Contract or LES statement)		
Workers' Compensation (provide gross monthly statement)		
Untaxed disability income (provide gross monthly statement)		
Child support received for all members of your household		
Untaxed pension (provide gross monthly statement)		
Other untaxed income (list the source)		

**Written explanation of circumstances: (if additional space is needed please attach another sheet of paper with your name and your ICC student ID number listed at the top)**

I certify that the information provided on this form and the attachments are true and complete to the best of my knowledge.	<b>FEDERAL WARNING:</b> If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
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\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent of Dependent Student Signature (Required)

\_\_\_\_\_  
Date

It is the policy of this College that no person, on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, or veteran's status, shall be discriminated against in employment, in educational programs and activities, or in admission. Inquiries and complaints may be addressed to the Compliance Officer, Diversity Department.