



Curry College
Student Financial Services
1071 Blue Hill Avenue
Milton, MA 02186

2018 - 2019 Parent Special Circumstances Form

Student's Name _____ Curry ID# _____

Please provide a brief explanation of your circumstances below or attach a signed letter of explanation. If an appeal is filed, the reason must be thoroughly documented. Incomplete or undocumented appeals will not be reviewed until all **required documentation** has been received. Please note, once Curry College receives an appeal, we may request additional information to help us better understand your situation.

Please check the appropriate box(es), complete both sides of this form and submit it with the documentation listed below. **Signed copies of 2016 and 2017 (if filed) federal tax returns**, including all schedules and W2 forms must accompany this form.

| | |
|--------------------------|---|
| <input type="checkbox"/> | <p>A parent has been unemployed or unable to work for at least 10 weeks in 2017</p> <ul style="list-style-type: none">• Complete projected income on reverse side for both parents in the household even if only one parent has had an income change• Submit the following documentation for this circumstance:<ul style="list-style-type: none">◆ A letter from your employer or a copy of the termination which confirms:<ul style="list-style-type: none">○ Last date of employment○ Average number of hours worked per week○ Number of weeks worked in 2017; and◆ Last paystub of the year showing year to date earnings◆ Statement of Unemployment Benefits◆ Copies of parent 2017 federal tax return with schedules, if filed |
| <input type="checkbox"/> | <p>There has been a decrease in parental income since 2016</p> <ul style="list-style-type: none">• Submit this documentation for this circumstance:<ul style="list-style-type: none">◆ Copies of last pay stub at original rate and first paystub at current rate◆ Copies of parent 2017 federal tax return with schedules, if filed |
| <input type="checkbox"/> | <p>A parent had taxable social security benefits, but no longer receive these benefits</p> <ul style="list-style-type: none">• Submit this documentation for this circumstance:<ul style="list-style-type: none">◆ Copy of Notice of Termination of Benefits◆ Signed copy of parent 2016 federal tax return with schedules |
| <input type="checkbox"/> | <p>A parent had significant medical expenses that were not covered by insurance</p> <ul style="list-style-type: none">• Submit this documentation for high out of pocket medical expenses:<ul style="list-style-type: none">◆ Signed copy of parent's 2016 federal income tax return including Schedule A. If no Schedule A, please submit a listing of payments not covered by insurance and include copies of receipts and insurance statements showing patient responsibility for payment |
| <input type="checkbox"/> | <p>A parent received one-time income in 2016 and does not expect this income in 2017. This may include a pension or IRA distribution, inheritance, or bonus</p> <ul style="list-style-type: none">• Submit this documentation:<ul style="list-style-type: none">◆ Documentation supporting one time income and explanation of why this income is not available for educational purposes |
| <input type="checkbox"/> | <p>Your parents have separated or divorced after filing the FAFSA</p> <ul style="list-style-type: none">• Submit this documentation:<ul style="list-style-type: none">◆ A copy of the divorce or separation agreement and proof of separate living arrangements such as a lease or utility bills |
| <input type="checkbox"/> | <p>A parent has died after the FAFSA was filed and there is a loss of income</p> <ul style="list-style-type: none">• Submit this documentation:<ul style="list-style-type: none">◆ A copy of the death certification and completion of expected income for 2017 on page 2 of this form and a complete copy of your parent's 2017 federal tax return if available |

Student Name: _____ Curry ID _____

Name/Parent 1 _____ Name/Parent 2 _____

Which parent lost income or benefits? _____

| TAXABLE INCOME from January 1 st to December 31st | ACTUAL 2016 | ACTUAL/ESTIMATED 2017 |
|---|--------------------|------------------------------|
| Parent 1 Wages (gross amount) | \$ | \$ |
| Parent 2 Wages (gross amount) | | |
| Interest/Dividend Income | | |
| Alimony received | | |
| Net Income/Loss of Business (reported on Schedule C of 1040) | | |
| Capital Gains/Loss (reported on Schedule D of 1040) | | |
| Taxable Portions of IRA distributions or Pension/Annuity Withdrawals (line 15b and 16b of 1040) | | |
| Unemployment Compensation (line 19 of 1040) | | |
| Taxable Portions of Social Security (line 20b of 1040) | | |
| Severance Pay | | |
| TOTAL TAXABLE INCOME FOR TAX YEAR | | |
| UNTAXED INCOME from January 1 st to December 31st | | |
| Child Support Received | | |
| Short Term/Long Term Disability | | |
| Untaxed portion of IRA and Pension Distributions (line 15a minus 15b and line 16a minus 16b of 1040 Do Not Include Rollovers) | | |
| Contributions to tax deferred pensions/savings plan withheld from earnings | | |
| Workers Compensation | | |
| Housing, food, or other living allowances paid the members of the military, clergy, and others | | |
| Welfare Benefits (i.e. AFDC, TANF, SNAP) | | |
| TOTAL UNTAXED INCOME FOR TAX YEAR | \$ | \$ |

CERTIFICATION:

The information provided on this form is accurate and complete to the best of our knowledge. I/We have provided 2016 federal tax data, and all requested documents. I/We understand that completing this form does not guarantee financial aid will be increased. I/We also understand that if financial aid is revised based on this appeal information, 2017 income as reported will be verified in 2018 and financial aid may be revised and may have to be repaid if our estimates were inaccurate. I/We agree to notify Student Financial Services if our income changes.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____