WISCONSIN LUTHERAN COLLEGE

Special Circumstance Form

For 2019-2020 Financial Aid

Student's Name _____ Warrior ID#: _____

The Department of Education allows the Financial Aid Office to make adjustments to your FAFSA if your family's finances have significantly changed after you filed the 2019-2020 FAFSA or if there are situations not reflected on the FAFSA. Adjustments may or may not result in an increase in financial aid eligibility. In some cases, you may need to submit this form after the 2018 calendar year in order to provide the required documentation.

Provide details and documentation. Use the IRS Data Retrieval Tool on the FAFSA or submit an IRS Tax RETURN Transcript, showing actual 2017 tax information.

____ **1. Loss of employment or reduction of wages for your parents or you (and your spouse):** As a general rule, the ***actual 2018 income should be at least 20% less than the 2017 Adjusted Gross Income*** for it to result in any changes to your aid eligibility. (If loss of income is in 2019, contact the Financial Aid Office.)
   a. Effective date: _____ Name of person: _____
   b. ***Signed and dated* statement** explaining the situation: Provide details
   c. Last pay stub from employer AND most recent pay stub for other parent or spouse in household
   d. Unemployment benefits statement (if eligible for benefits)
   e. Letter from employer stating layoff or reduction of wages and new pay rate

____ **2. Permanent loss of UNTAXED income received in 2017 that will not be received in 2018 or 2019**: Child support, parsonage allowance, Workers' Compensation, etc.
   a. Source: _____
   b. Amount: _____ Effective date: _____

____ **3. One-time TAXABLE income in 2017 that will not be received in 2018 or 2019:** Capital gains, 401k withdrawal, inheritance, IRA Rollover, etc. reflected on the 2017 tax return
   a. Source: _____
   b. Amount of one-time income included on tax return: _____
   c. ***Signed and dated* statement** explaining how the income was used
   d. 2017 IRS Form 1099

____ **4. Excessive medical/dental expenses in 2017:** Amount paid out-of-pocket that was not reimbursed by insurance, employer, FSA, HSA, etc. ***that is at least 15% of your 2017 Adjusted Gross Income***.
   a. Amount: _____
   b. 2017 IRS Schedule A - signed
   c. If no Schedule A: Signed, itemized list of unreimbursed medical payments showing to whom and for whom payment was made, date paid and amount paid.

____ **5. Legal separation or divorce of your parents or you and your spouse that occurred after submission of your original 2019-2020 FAFSA:**
   a. List date of separation or divorce: _____
   b. Copy of separation or divorce decree

____ **6. Death of your parent or spouse that occurred after submission of your original 2019-2020 FAFSA:**
   a. Date of death: _____ Name of person: _____
   b. Relationship to student: _____

____ **7. Other extenuating circumstances:** _____
   a. Effective date: _____
   b. ***Signed and dated*** statement explaining the situation

_____ _____ _____
Student Signature | Parent Signature (if dependent student) | Date

INCOMPLETE FORMS WILL BE RETURNED.
MISSING DOCUMENTATION WILL DELAY THE PROCESSING OF YOUR REQUEST.

MAIL or FAX Form and Documentation to:
WLC Financial Aid Office
8800 W. Bluemound Road
Milwaukee, WI 53226
Fax: 414.443.8540

Questions:
Phone: 414.443.8861
Email: financial.aid@wlc.edu
Website: wlc.edu/fa

10/16/18