

2020-2021 Special Circumstance Application - Dependent Students

Student's Last Name: _____

Student's First Name: _____

Parent's Last Name: _____

Parent's First Name: _____

Augsburg ID: _____

Parent's E-mail: _____

1. Submit your FAFSA to Augsburg.
2. Check the appropriate box(es) below and provide additional documents as requested.
3. Attach a written statement explaining your special circumstance in detail.

*Additional documentation may be necessary. Families will be notified via e-mail if additional documents are necessary. Please email studentfinances@augsborg.edu with any questions about this application or the documentation requested.

My family's 2018 federal tax information does not accurately reflect our current financial situation:

- ☐ **The amount of child support my custodial parent receives has decreased since 2018.**
 - Include a written statement regarding how much was received monthly and the date that the support stopped. Also include an annual amount received for siblings.
- ☐ **My family paid significant* medical bills in either 2018, 2019 or 2020 that were not covered by insurance.**

**Significant medical bills must be in excess of 3.5% of AGI.*

- Provide an itemized account of the paid medical costs for impacted calendar year.
- If you itemized deductions on your 1040 tax form, include a copy of your federal 1040 Schedule A for the applicable year.

- ☐ **During 2018, my family had a one-time additional source of taxable income.**
 - Provide a signed copy of parents' 2018 federal 1040 tax return (first two pages) and any related schedules.
 - Provide a written statement about where the additional income is reflected on your 2018 tax form, the source of the additional income, and what the money was used for.

- ☐ **A parent is unemployed and has been for at least 8 weeks.**

Name of parent: _____ Date of job loss: ____ / ____ / ____.

Weekly unemployment compensation: _____

- Provide signed copy of 2019 1040 form.
- Provide 2019 W-2s for each parent and the most recent paystubs (including final paystub for parent who lost their job).
- Provide severance package documentation.
- Provide documentation showing unemployment compensation.
- Provide documentation relating to any other income received to compensate unemployment (withdrawal from retirement funding, part-time work, contract work, etc.)

- ☐ **A parent has had a reduction in earnings since 2018.**

- Provide signed copies of both the 2018 and 2019 1040 federal tax returns.
- Provide 2018 and 2019 W-2s for each parent and the most recent paystub(s).
- Provide an explanation about change in earnings.

My FAFSA does not reflect my family situation:

- ☐ **I am requesting a dependency over-ride because my parent is unable to file a FAFSA.**
* *Legitimate reasons a parent would be unable to file a FAFSA include abuse, parent's incarceration, or abandonment. A parent being unwilling to file a FAFSA or unwilling to provide financial support will not be considered.*
- ☐ *Please provide two signed letters from objective sources (such as a social worker, coach, teacher, therapist or minister/chaplain/imam) explaining: 1. How they know the student, 2. Why the parent(s) and the student are estranged and the length of time they have been estranged, 3. How the student is supported financially.*
- ☐ **During 2020-2021, my parent is enrolled at least part-time in a degree seeking college program and the cost is not covered by their employer.**
☐ *Include an enrollment verification from the college and a recent student billing statement.*
- ☐ **There has been a change to my household size since I filed my 2020-2021 FAFSA.**
- ☐ **Separation, divorce or death of a parent.**
- ☐ *Please provide a copy of both parent's 2018 W-2s and signed copy of 2018 federal 1040 tax return.*
- ☐ *Please provide legal documentation (legal separation, divorce decree, or death certificate).*
- ☐ *Please provide documentation of paid or received spousal support.*
- ☐ *Complete Table A below*
- ☐ **Adoption, birth, or fully supporting additional family members.**
- ☐ *Complete Table A below*

TABLE A Change in household size		
Please complete this table if your household size has changed since you filed the 2020-2021 FAFSA		
People in household*	Relationship	Name of college, if attending

*Household members include:

- Yourself and your parent(s) or step parent even if you don't live with your parent(s).
- If your parents do not live in the same household, list members of your custodial parent's household only
- Your parent's other children if the parent will provide more than half of their support from July 1, 2020, through June 30, 2021, or if the other children would be required to provide parental information if they were completing a FAFSA. Include children who meet either of these standards, even if a child does not live with your parent(s).
- Other people if they live with your parent(s) and your parent(s) provide more than 50% of their support

Other extenuating circumstances not captured on the FAFSA or on the questions above:

- ☐ **Please provide a narrative explaining your circumstances and provide any relevant supporting documentation.**

Signatures *** Each person signing this form certifies that all information reported is complete and correct. ***

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____