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| **2022-2023 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 2022-2023 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@augsburg.edu**](mailto:studentfinances@augsburg.edu) **with any questions about this application or the documentation requested.**

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| **My family’s 2020 federal tax information does not accurately reflect our current financial situation:** |

* **The amount of child support my custodial parent receives has decreased since 2020.**
  + *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 2020, 2021, or 2022 that were not covered by insurance.**

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

* + *Provide an itemized account of the out of pocket payments made toward medical costs.*
  + *If you itemized deductions on your 1040 tax form, include a copy of your federal 1040 Schedule A for the applicable year.*
* **During 2020, my family had a one-time additional source of taxable income.**
  + *Provide a signed copy of parents’ 2020 federal 1040 tax return (first two pages) and any related schedules.*
  + *Provide a written statement about where it is reflected on your 2020 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + *Based on the calendar year(s) impacted, provide signed copy of 2020 and/or 2021 1040 form.*
  + *Provide 2020/2021 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 2020.**
  + *Provide signed copies of both the 2020 and 2021 1040 federal tax returns.*
  + *Provide 2020 and 2021 W-2s for each parent and the most recent paystub(s).*
  + *Provide an explanation about change in earnings.*

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| **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) 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 2022-2023, 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 2022-2023 FAFSA.**
  + ***Separation, divorce or death of a parent.***
  + *Please provide a copy of both parent’s 2020 W-2s and signed copy of 2020 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*

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| **TABLE A** | **Change in household size** | | |
| Please complete this table if your household size has changed since you filed the 2022-2023 FAFSA | | | |
| **People in household\*** | | **Relationship** | **Name of college, if attending** |
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\*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, 2022, through June 30, 2023, 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

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

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

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

**Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**