



Please use BLACK ink ONLY

**SPECIAL CIRCUMSTANCES
2019-2020**

In accordance with federal regulations, you and your parent's 2017 income is used to determine your eligibility for Financial aid for the 2019-2020 academic years. However, there may be "special circumstances" under which our office may be able to recalculate your eligibility for financial aid using you and/or your parent's 2017 income or expected 2018 income. The special circumstances which we may consider include:

- 2018 income will be lower than 2017 income because of employment changes*
- Unusually high medical/ dental expenses paid (more than 11% of total income)

If you or your parent(s) meet at least one of the circumstances listed above, complete the sections of this form which pertain to you.

***FOR THIS CIRCUMSTANCE, WE CANNOT PROCESS A SPECIAL CIRCUMSTANCES FORM UNTIL YOU AND/OR YOUR PARENTS FILE YOUR/THEIR 2017 FEDERAL INCOME TAX. YOU/THEY MUST SUBMIT A SIGNED COPY OF YOUR/THEIR 2018 FEDERAL INCOME TAX RETURN TRANSCRIPT AND DEPENDENT/ INDEPENDENT VERIFICATION FORM TO OUR OFFICE ALONG WITH THIS FORM.**

| | |
|----------------------|--------------------------------|
| Student Name: | Student ID: |
| Phone Number: | Langston Email Address: |

LOSS OF INCOME FROM WORK

Check the circumstance that applies to your situation, and complete the income Worksheet on Page 3 of this form. In addition, provide official documentation of 2018 earnings.

| CIRCUMSTANCE | DOCUMENTATION REQUIRED |
|--------------------------------|---|
| Layoff | Provide an official letter from employer stating the effective date of the layoff and anticipated return to work. |
| Termination | Provide an official letter from employer stating the effective date of termination. If this is not available, provide documentation from the Department of Labor. |
| Disability | Attach medical documentation of the disability and the effective date. |
| Quit/Reduces Employment | Provide an official letter from employer stating the effective date of the change in employment. |
| Other | SPECIFY OTHER CIRCUMSTANCE AND PROVIDE APPROPRIATE DOCUMENTATION. |

LOSS OF INCOME

Check the circumstance that applies to your situation, and complete the Income Worksheet on page 3 of this form.

| CIRCUMSTANCE | DOCUMENTATION REQUIRED |
|----------------------|---|
| Alimony | Provide court documentation indicating date of termination and the amount received. |
| Unemployment | Provide documentation from the Department of Labor indicating the beginning and ending dates of this benefit and the amount received. |
| Child Support | Provide court documentation indicating date of termination and amount received. |
| Other | SPECIFY OTHER CIRCUMSTANCE AND PROVIDE APPROPRIATE DOCUMENTATION. _____ |

DIVORCE/SEPARATION/DEATH OF A PARENT

Complete the income Worksheet on page 3 of this form

| CIRCUMSTANCE | DOCUMENTATION REQUIRED |
|---------------------------|---|
| Divorce/Separation | Since applying for financial aid, your parents have become divorced or separated. Provide legal documentation of the date of the divorce or separation, copy(s) of parents' 2017 W-2(s), and a signed copy of parents' 2017 federal income tax returns. |
| Death of a Parent | Since applying for financial aid, a parent is no longer living Provide documentation of the date of death, copy(s) of parents' 2017 W-2(s), and a signed copy of parents' 2017 federal income tax return. In addition, copy of Death Certificate. |

ONE-TIME INCOME

Complete the Income Worksheet on page 3 of this form

| CIRCUMSTANCE | DOCUMENTATION REQUIRED |
|----------------------------------|--|
| One-time Source of Income | In 2017, you or your parents received a one-time source of income such as: inheritance, moving expense allowance, back-year social security payments, IRA distribution, etc. Provide a signed copy of your or your parents' 2017 federal income tax return verifying the source of income, Documentation from the Social Security Administration of back-year payments, etc. Other documentation may be requested by your Financial Aid Officer. NOTE: WINNINGS FROM GAMBLING ARE NOT CONSIDERED A SPECIAL CIRCUMSTANCE. _____ |

UNUSUALLY HIGH MEDICAL/DENTAL EXPENSES

Note: medical/dental expenses up to 11% of the family's total income are already considered by the federal needs analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses paid which exceeds 11% will be considered an unusual circumstance. If your parents itemized medical/dental expenses in 2017, provide a signed copy of their 2017 federal income tax return, with Schedule A. If medical/dental expenses were not itemized in 2017, provide receipts of medical and dental expenses paid by your parents (not covered by insurance) in 2017.

YOU MUST PROVIDE DOCUMENTATION OF ALL SOURCES OF INCOME.

| | |
|--|-----------|
| 2017 Income Earned from Work by Student | \$ |
| 2017 Income Earned from Work by Mother | \$ |
| 2017 Income Earned from Work by Father | \$ |
| Other 2017 Taxable Income: _____ Include: dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc. | \$ |
| 2017 Social Security Benefits | \$ |
| 2017 Temporary Assistance for Needy Families (TANF) | \$ |
| 2017 Child Support | \$ |
| 2017 Other Untaxed Income: _____ Include: earned income credit, etc. | \$ |
| Total Estimated 2017 Income | \$ |

SUMMARY OF SPECIAL CIRCUMSTANCES

Please summarize your special circumstances (attach a separate sheet of paper if necessary):

Certifications and Signatures: Each person signing this form certifies that all of the information reported is complete and correct.
The student and parent(s) must sign and date.

Student Signature

Mother/Stepmother Signature

Spouse Signature

Father/Stepfather Signature

Date

I (We) certify that the information provided on this form, and the accompanying documentation is true and complete best of my (our) knowledge. I (We) agree to provide proof of the information that I (we) have given on this form if requested by the Financial Aid Office.

Warning: If you purposely give false or misleading information on this application, you may be fined, be sentenced to jail, or both.

Important: Your information will be reviewed but there is no guarantee that your financial aid status will change. Main and OKC Campus: Phone # 405-466-3282 or Mail to P.O. Box 668, Langston, OK 73050, Tulsa Campus: Phone # 918-877-8146 or Mail to Langston University, 914 N. Greenwood Ave, Tulsa, OK 74106

REVIEWED BY: _____

APPROVED: _____ NOT APPROVED: _____ DATE: _____