



Please use BLACK ink ONLY

SPECIAL CIRCUMSTANCES

2018-2019

In accordance with federal regulations, you and your parent's 2016 income is used to determine your eligibility for Financial aid for the 2018-2019 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 2016 income or expected 2017 income. The special circumstances which we may consider include:

- 2017 income will be lower than 2016 income as a result of employment changes*
- Unusually high medical/ dental expenses paid (in excess of 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 2015 FEDERAL INCOME TAX. YOU/THEY MUST SUBMIT A SIGNED COPY OF YOUR/THEIR 2016 FEDERAL INCOME TAX RETURN TO OUR OFFICE 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 2017 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' 2016 W-2(s), and a signed copy of parents' 2016 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' 2016 W-2(s), and a signed copy of parents' 2016 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 2016, 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' 2016 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 taken into account 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 2016, provide a signed copy of their 2016 federal income tax return, with Schedule A. If medical/dental expenses were not itemized in 2016, provide receipts of medical and dental expenses paid by your parents (not covered by insurance) in 2016.

YOU MUST PROVIDE DOCUMENTATION OF ALL SOURCES OF INCOME.

2016 Income Earned From Work By Student	\$
2016 Income Earned From Work By Mother	\$
2016 Income Earned From Work By Father	\$
Other 2016 Taxable Income: _____ Include: dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.	\$
2016 Social Security Benefits	\$
2016 Temporary Assistance For Needy Families (TANF)	\$
2016 Child Support	\$
2016 Other Untaxed Income: _____ Include: earned income credit, etc.	\$
Total Estimated 2016 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, Fax :405-466-2986 or Mail to P.O. Box 668, Langston, OK 73050, Tulsa Campus: Phone # 918-877-8146, Fax to 918-877-8108 or Mail to Langston University, 914 N. Greenwood Ave, Tulsa, OK 74106

REVIEWED BY: _____

APPROVED: _____ NOT APPROVED: _____ DATE: _____