



ILLINOIS VALLEY
COMMUNITY COLLEGE

Financial Aid Office

815 N. Orlando Smith Road
Oglesby, IL 61348-9692
Telephone: 815-224-0438
Fax: 815-224-0638

For Office Use Only:
Approved by: _____

2020-2021 Special Circumstance

Student Name: _____ SSN or ID# _____

Address: _____ City, ST Zip: _____

Telephone Daytime: _____ Evening: _____

This form must be completed if you would like to have your financial aid award reevaluated because of a special circumstance that will affect your/your parent(s)' ability to contribute toward your 2020-2021 educational expenses.

Step 1: Person who has lost benefits or other special circumstance:

Name of the person who has the special circumstance: _____

Relationship to student: _____ Self _____ Spouse _____ Father/Stepfather _____ Mother/Stepmother

Step 2: Nature of the Special Circumstance:

____ Loss of employment

Last date of employment was: _____ (attach proof of last date)

Total earned in 2020: \$ _____ (attach last pay stub or letter from employer)

Did you apply for unemployment benefits? _____ Yes _____ No (attach eligibility letter)

If eligible for unemployment: Weekly amount: \$ _____ Date unemployment began: _____

Have you begun new employment: _____ Yes _____ No

If yes Start date: _____ Monthly earnings: \$ _____ (provide current pay stub)

____ Loss of other benefit(s): Name of benefit: _____ Date benefit ended: _____

Amount of monthly benefit lost: \$ _____ (attach documentation).

____ Reduction in income due to ____ death, ____ divorce or ____ legal separation, which occurred after the date you filed your 2020-2021 FAFSA application. (Please attach a copy of your 2019 tax return with all W-2 forms. Also, provide a copy of the death certificate, divorce decree, or legal separation document).

____ Parent in college at least half-time (attach parent's academic schedule for Fall 2020 or Spring 2021)

____ Unusually high medical expenses not claimed on 2018 or 2019 tax return (provide proof of cancelled checks or statements showing payments. Expenses must not be eligible for insurance coverage).

____ Other: Please describe and attach any supporting documentation: _____

Step 3: Expected Income:

Complete the chart below to report/project the 2020 calendar year income (January 2020 – December 2020) for you, your spouse (if married) and your parents (if the special circumstance is due to their situation). Please enter an amount for each item, even if the amount is zero.

Income/Benefit	Student	Spouse	Parent/ Step-parent	Parent/ Step-parent
2020 est. GROSS earnings from work (1/1/20-12/31/20)	\$	\$	\$	\$
2020 est. unemployment benefits	\$	\$	\$	\$
2020 est. retirement/pension benefits	\$	\$	\$	\$
2020 est. Social Security benefits	\$	\$	\$	\$
2020 est. child support received	\$	\$	\$	\$
Other (specify) _____ (i.e., worker's comp, disability, alimony, etc.)	\$	\$	\$	\$

Step 4: Documentation Required:

The following documents **must** be submitted along with this form. **Incomplete appeals will be returned.**

- Documents listed in step 2, based on the nature of your special circumstance.
- A paper copy of the 2019 Federal and State tax return for the person(s) with the special circumstance. Please include W-2 forms and pertinent tax schedules.
- **If this form is completed after 1/1/2021, you must also submit the paper copy of the 2020 Federal tax return.**

Step 5: Additional Information:

In order to more fully understand your situation, please feel free to attach a narrative of your situation and/or any additional documentation you would like to have considered. This step is optional and you will be contacted if any additional documentation is necessary.

Step 6: Required Signatures:

All of the information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties and/or reduction or immediate repayment of aid.

Student signature (required) _____ Date _____

Parent signature (required if parental information is given) _____ Date _____