



2023-24 SPECIAL CIRCUMSTANCES FORM

Instructions: Complete this form and attach all required documents. Be sure to sign it **AND** have your parent sign it if you are a Dependent student as determined by the Free Application for Federal Student Aid (FAFSA) or Washington Application for State Financial Aid (WASFA).

To be eligible, you must meet ONE of the following:

- You, your spouse, or your parents' 2023 or 2024 income will be *at least 30% less than the 2021 income reported on your 2023-24 FAFSA or WASFA*. If you meet this eligibility criteria, you can submit this form at any time.
– OR –
- You had reduced income in 2023 due to a decrease in commissions, sales, interest, dividends, **or** other types of income similar in nature. If you meet this eligibility criteria, this form cannot be submitted until the 2023 calendar year has ended, and you can provide documentation of your total income for 2023.

This information will be used to recalculate your financial aid eligibility. Please note that increased financial need does not guarantee increased funding. If the recalculation does not show that you have increased financial need, we will continue to use your original 2023-2024 FAFSA or WASFA data.

STUDENT INFORMATION	
Last Name:	First Name:
Student ID #:	Email:

If you (or your spouse) **AND** your parents (if a Dependent student) held a job during all or part of 2023 or 2024 or are not currently working, please provide the documents listed below.

STEP 1: LETTER OF EXPLANATION REGARDING LOSS OF INCOME

- Include your full name and student ID# on the *Letter of Explanation*.
 - Be specific and use dates to describe the employment status for each person affected: you and your spouse and/or your parent's (if you are a dependent student). Include whether the employment will continue for each person and/or when the employment ended for each person. If there is a reduction in employment hours but not a total loss of hours, also include the estimated number of hours the person will work per week and the current hourly pay rate.
 - Include information about all sources of income you currently have, will have, or expect to have over the next 12 months and include anticipated monthly income amounts for each source and for each person, you and your spouse and/or your parent's (if you are a dependent student).
- Copy of current income documents for **each** person, you (and your spouse if applicable) and your parent's (if a Dependent student). Examples of acceptable documents: Employment pay stubs or unemployment letter less than 90 days old. If self-employed, provide a statement of income less business expenses for the month.

STEP 2: HOUSEHOLD SIZE AND NUMBER IN COLLEGE

Dependent Student: A student is considered dependent if they were required to provide parental information on the FAFSA or WASFA.	Independent Student: A student is considered independent if they were NOT required to provide parental information on the FAFSA or WASFA.
List the people in your parent(s)' household including: <ul style="list-style-type: none"> • You and your parent(s), including a stepparent, even if you do not live with your parents • Your parent's other children, even if they do not live with your parent(s), if your parents will provide more than half of their support from July 1, 2023-June 30, 2024 or the children would be required to provide parental information if they were applying for Federal Student Aid • Any other people if they now live with your parents AND your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 - June 30, 2024. 	List the people in your household including: <ul style="list-style-type: none"> • You and your spouse if you have one • Your children, if you will provide more than half of their support from July 1, 2023-June 30, 2024, even if they do not live with you, or if the child would be required to provide your information as the parent if they were applying for Federal Student Aid, and • Any other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 - June 30, 2024.



2023-24 SPECIAL CIRCUMSTANCES FORM

STUDENT INFORMATION

Student Name:	Student ID #:
---------------	---------------

Write the names of all household members in the spaces below. Also include the name of the college for any household member, excluding your parent(s), who will be attending college at least half-time between July 1, 2023 and June 30, 2024 and will be enrolled in a degree, diploma, or certificate program. If you need more space, please attach a separate page.

Full Name	Age	Relationship to Student?	College/University Name <small>(Please spell out name of school)</small>	Will be enrolled at least half-time? <small>(Yes or No)</small>
		<i>Self/Student</i>	<i>Lower Columbia College</i>	

STEP 3: EXEMPT INCOME

You (student) and your spouse (if applicable) **AND** Your parent(s)', if a Dependent student, must list all income. All students and parents (if applicable) **must complete EACH box** in this section.

Student/Spouse	Report Expected Annual Amounts for the Next 12 Months	Parent(s)/Stepparent
Annual Amount	Exempt Income - Answer \$0 if a source of income does not apply to you.	Annual Amount
\$	Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household.	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
\$	Taxable college grant and scholarship aid and will be reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only enter the amount that is taxable and will be included in your adjusted gross income. Don't include untaxed combat pay.	\$
\$	Earnings from work under a cooperative education program offered by a college.	\$



2023-24 SPECIAL CIRCUMSTANCES FORM

STUDENT INFORMATION

Student Name:

Student ID #:

STEP 4: UNTAXED INCOME

You (student) and your spouse (if applicable) **AND** Your parent(s)', if a Dependent student, must list all income. All students and parents (if applicable) **must complete EACH box** in this section.

Student/Spouse	Report Expected Annual Amounts for the Next 12 Months	Parent(s)/Stepparent
Annual Amount	Untaxed Income - Answer \$0 if a source of income does not apply to you.	Annual Amount
\$	Payments you will make to a tax-deferred pension or retirement savings plans (paid directly or withheld from earnings), including, but not limited to amounts reported on the W-2 forms in Boxes 12a through 12d codes D, E, F, G, H, and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans.	\$
\$	Child support received for any of your children. Don't include foster care or adoption payments.	\$
\$		\$
\$	Untaxed portion of IRA distribution, if you will take a distribution from an IRA account. Don't include a rollover.	\$
\$	Untaxed portion of a pension, if you will take a distribution from a pension. Don't include a rollover.	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income not reported in items above, such as workers compensation, disability, etc. Also include untaxed portions of health savings accounts. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (such as cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$
\$	Money received, or paid on your behalf (such as bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.	\$

By signing this worksheet, I (we) certify that all the information reported on this form is complete and correct. If you are a Dependent student, one parent must also sign the form.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Attach Required Documents



Attach Required Documents

