



ILLINOIS VALLEY  
COMMUNITY COLLEGE

Financial Aid Office

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Oglesby, IL 61348-9692  
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For Office Use Only:  
Approved by: \_\_\_\_\_

## 2019-2020 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 2019-20 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 2019: \$ \_\_\_\_\_ (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 2019-2020 FAFSA application. (Please attach a copy of your 2018 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 2019 or Spring 2020)

\_\_\_\_ Unusually high medical expenses not claimed on 2017 or 2018 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:

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Complete the chart below to report/project the 2019 calendar year income (January 2019 – December 2019) 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	Father/ Step-father	Mother/ Step-mother
2019 est. GROSS earnings from work (1/1/19-12/31/19)	\$	\$	\$	\$
2019 est. unemployment benefits	\$	\$	\$	\$
2019 est. retirement/pension benefits	\$	\$	\$	\$
2019 est. Social Security benefits	\$	\$	\$	\$
2019 est. child support received	\$	\$	\$	\$
Other (specify) _____ (i.e., worker's comp, disability, alimony, etc.)	\$	\$	\$	\$

### Step 4: Documentation Required:

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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 2018 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 1/1/2020, you must also submit the paper copy of the 2019 Federal tax return.**

### Step 5: Additional Information:

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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:

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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 \_\_\_\_\_