

815 North Orlando Smith Rd, CTC-1015 Oglesby, Illinois 61348 | E-mail: financialaid@ivcc.edu |
Telephone: 815-224-0438 | Fax: 815-224-0638

Name

Student ID Number

The 2022 income information reported on your FAFSA may not be an accurate indicator of your ability to pay for educational costs in the 2024-2025 school year. By providing documentation of your unusual circumstance, you may qualify for reevaluation of your financial aid eligibility. If you do not meet any of the circumstances described below, but feel your financial situation has changed significantly, please meet with a financial aid advisor. Each case will be evaluated on an individual basis, and submission of this form does not guarantee a change in your financial aid eligibility. Only one special circumstance form will be accepted per academic year.

We are not able to estimate business or seasonal income. For families with this type of income, a special circumstance will only be accepted after you have completed your 2024 taxes.

This form has four parts. Complete each section and attach all required documents before submitting. You will be contacted at your IVCC student email if your special circumstance is incomplete, or if further documentation is needed.

Part 1: General information (required for all request types)

2024-2025 FAFSA: You must complete the 2024-2025 Free Application for Federal Student Aid (FAFSA) at www.studentaid.gov and review the results before submitting this form. Answer all questions as asked, even if your current financial situation differs from that of 2022.

2024-2025 FAFSA

Rationale

You must provide a typed statement explaining your special circumstance situation.

Typed Statement

Part 2: Select your circumstance and attach all required documentation

Unemployment

A parent contributor earned money in 2022 but has since lost their job and has been unemployed for an extended period during 2024. Expected income for 2024 is significantly lower than reported in 2022.

Who became unemployed? Parent contributor name: _____ Last date worked: _____

Has this person started a new job? No Yes Start date: _____

Letter from the previous employer(s) indicating the date employment ended. This must be on company letterhead.

Copy of most recent paystub or earnings statement from each job this parent contributor worked in 2024.

Current statement of unemployment benefits indicating weekly benefit amount and total benefits received to date.

If you do not receive unemployment benefits, sign here (parent contributor signature):

Employment Change

Since 2022, a parent contributor has changed jobs and will earn significantly less in 2024 than they did in 2022.

- Who changed jobs? Parent contributor name: _____ Date of change: _____
- Letter(s) from the previous employer(s) indicating the date employment ended, or in the case of reduced hours, a letter stating that hours or wages have been reduced and by how much.
- Letter(s) from current employer(s) stating the date employment began, average hours per week and hourly pay rate.
- Copy of most recent paystub or earnings statement from each job this parent contributor worked in 2024.

One-Time Income

In 2022 a parent contributor received a one-time income, such as a Social Security payment, inheritance, IRA or pension distribution. This income will not be received in future years.

- Who received this income? Parent contributor name: _____
- Statement from the third-party source of the one-time income indicating the payment amount and date paid.
- Typed statement from the recipient of the income. This statement must be specific and detailed, and should include additional documentation, such as receipts, bank statements, etc. The document/s must explain:
 - The reason for the one-time payment, and
 - How the funds were spent, including amounts and dates.

Reduction in Untaxed Income

A parent contributor received an income benefit (not employment income) for at least 10 weeks in 2022 which has now been lost. Possible examples include Social Security benefits, court-ordered child support, retirement, or disability benefits.

- Who lost the benefit? Parent contributor name: _____
- Statement of termination or reduction from the source of income, indicating the last date the benefit was received.
- Statement from the source of income indicating the dates the benefit was received, including the amount of benefit received in 2022 and an estimate of benefits (if any) to be received in 2024.

Medical/Dental Expenses

In 2022 the student's family paid at least 10% of total income for medical and/or dental care. Payments reimbursed through insurance or Flex Spending accounts, or expenses claimed as a tax benefit will not be considered a special circumstance.

- Documentation showing medical/dental expenses paid in 2022, including medical bills and receipts.
- Copy of the parent contributor's 2022 Federal 1040 tax return, including Schedule A

Divorce or Separation

After submission of the 2024-2025 FAFSA, parent contributors' divorce or separation has resulted in a reduction of family income.

- For divorce: copy of divorce decree.
- For separation: notarized statement indicating the date of separation.
- For separation: documentation demonstrating two separate households, such as lease(s), mortgage(s), or utility bill(s).
- If a joint Federal tax return was filed in 2022, submit copies of 2022 W-2 forms for both parent contributors.

Death

After submission of the 2024-2025 FAFSA, a supporting parent contributor has died.

- Copy of death certificate.
- If a joint Federal tax return was filed in 2022, submit copies of 2022 W-2 forms for both parent contributors.

Part 3: Estimate your family's expected 2024 income

Provide estimates of your family's expected income for the 2024 tax year. This includes income you or your parent contributors have already received (year to date income) and income that you expect to receive through the end of the year (estimated income). Include both taxable and untaxed income.

	YEAR TO DATE ESTIMATED INCOME From 1/1/24 to 12/31/25
Student income from work.....	\$ _____
Parent contributor 1 (Name _____) income from work	\$ _____
Parent contributor 2 (Name _____) income from work	\$ _____
Unemployment benefits.....	\$ _____
Child support <i>received</i>	\$ _____
Worker's Compensation	\$ _____
Social Security benefits	\$ _____
Other untaxed income, such as housing, food, and other living allowances from military, clergy, and others	\$ _____

Part 4: Sign and return to the Office of Financial Aid and Veteran Services

Certification: All of the above information on this form and the attached documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give additional proof of the information that I have given on this form. I realize this proof may include a copy of a federal or state tax return. I also realize that if I do not give proof when asked, the Special Circumstance will not be reviewed.

Student Signature → **Must be drawn and not typed.**

Date

Parent Signature → **Must be drawn and not typed.**

Date

OFFICE USE ONLY	
<input type="radio"/> APPROVED <input type="radio"/> DENIED <input type="radio"/> NO ACTION TAKEN	
Staff Signature _____	Date _____
Notes _____	

Forms can be submitted by:
Fax: 815-224-0638 | **Mail:** Office of Financial Aid, 815 N. Orlando Smith Rd Oglesby, IL 61348 | **In Person:** CTC-101S

Note: Documents submitted via email cannot be accepted due to security reasons.