2024-2025 **Special Circumstance Independent Students**

815 North Orlando Smith Rd. CTC-1015, Oglesby, Illinois 61348 | F-mail: financialaid@ivcc.edu |

Name	Student ID Number
The 2022 income information reported on your FAFSA material for educational costs in the 2024-2025 school year. By providing may qualify for reevaluation of your financial aid eligibility. If y below, but feel your financial situation has changed significant will be evaluated on an individual basis, and submission of the eligibility. Only one special circumstance form will be accepted	ling documentation of your unusual circumstance, you you do not meet any of the circumstances described ntly, please meet with a financial aid advisor. Each case his form does not guarantee a change in your financial aid
We are not able to estimate business or seasonal income. For circumstance will only be accepted after you have completed	
This form has four parts. Complete each section and attached contacted at your IVCC student email if your special circumneeded.	
Part 1: General information (required for all request ty	rpes)
2024-2025 FAFSA You must complete the 2024-2025 Free Application for Feder review the results before submitting this form. Answer all questiffers from that of 2022. 2024-25 FAFSA	
Rationale You must provide a typed statement explaining your special of	circumstance situation.
☐ Typed Statement	
Part 2: Select your circumstance and attach all r	required documentation
☐ Unemployment The student/spouse contributor earned money in 2022 but has since period in 2024. Expected income for 2024 is significantly lower than ☐ Who became unemployed? ☐ Student	
☐ Has this person started a new job? ☐ No ☐ Y	es Start date:
\square Letter from the previous employer(s) indicating the date employer	ployment ended. This must be on company letterhead.
$\hfill \Box$ Copy of most recent paystub or earnings statement from ea	ch job worked in 2024.
☐ Current statement of unemployment benefits indicating wee	kly benefit amount and total benefits received to date.
☐ If you do not receive unemployment benefits, sign here:	

☐ Employment Change		
Since 2022, the student/spouse contributor has changed jobs and will earn significantly less in 2024 than they did in 2022.		
☐ Who changed jobs? ☐ Student ☐ Spouse contributor 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 worked in 2024.		
☐ One-Time Income		
In 2022 the student/spouse 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? ☐ Student ☐ Spouse contributor		
☐ 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		
The student/spouse 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? ☐ Student ☐ Spouse contributor		
☐ 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 2022 Federal 1040 tax return, including Schedule A		
☐ Divorce or Separation		
After submission of the 2024-25 FAFSA, 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 spouses.		
□ Death		
After submission of the 2024-25 FAFSA, the student's spouse 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 the student and spouse.		

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 spouse contributor 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.

	From 1/1/24 to 12/31/25
Student income from work	\$
Spouse contributor income from work	\$
Unemployment benefits	\$
Child support received	\$
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 Servic	es
Certification: All of the above information on this form and the attached documentation is trumy knowledge. If asked by an authorized official, I agree to give additional proof of the inform form. I realize this proof may include a copy of a federal or state tax return. I also realize the asked, the Special Circumstance will not be reviewed.	ation that I have given on this
Student Signature → Must be drawn and not typed.	Date
OFFICE USE ONLY	
O APPROVED O DENIED O NO ACTION TAKEN	
Staff Signature Date_	
Notes	
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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

YEAR TO DATE ESTIMATED INCOME