



2020-2021 SPECIAL CIRCUMSTANCE APPLICATION

First Name	Last Name	ASU Campus ID	Email
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IMPORTANT! PLEASE READ

This application may be completed if your family's financial situation has significantly changed for the worse from the calendar year 2018 (the information used to determine your expected family contribution for 2020-2021) to the calendar year 2020. You must provide complete information, including your best estimates of 2020 income and unusual expenses, if applicable. **Supporting documentation must be attached to verify your special circumstance** (e.g. expense statements, receipts, employer statements, etc.). **Incomplete applications will not be processed.**

Section A: Please attach a brief statement explaining your special circumstance.

Section B: If you are documenting a loss of employment or decrease in income, indicate the effective date of the loss or decrease:

Date: ____/____/____

Section C: Please estimate your 2020 Income and/or Expenses to be considered as a result of your special circumstance.

	Estimated 2020 Information for Student/Spouse	Estimated 2020 Information for Parent(s)	OFFICE USE ONLY
(1) 2020 Taxable Income (Income Earned from Work): Do not leave any blanks. Use 0 or N/A.			
Student	\$		
Father and/or Stepfather		\$	
Mother and/or Stepmother		\$	
Unemployment Benefits	\$		\$
Other Taxable Income: _____	\$		\$
(2) 2020 Untaxed Income/Benefits: Do not leave any blanks. Use 0 or N/A.			
Child Support to be Received (for all children)	\$		\$
Military Allowances (BAQ and BAS)	\$		\$
Clergy Living Allowance	\$		\$
Other Untaxed Income: _____	\$		\$
(3) 2020 Unusual Expenses: Do not leave any blanks. Use 0 or N/A.			
Medical Expenses (attached an itemized listing of 2019 monthly payments less insurance)	\$		\$
Child Support to be paid	\$		\$
Other Unusual Expenses: _____	\$		\$

Section D: You must sign below certifying the accuracy of the information provided on this form. If you are dependent for financial aid purposes, at least one of your parents must also sign below certifying the accuracy of the information provided.

Student's Signature	Date	Parent's Signature	Date
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OFFICE USE ONLY: Action Taken: _____	Date: _____	FA Initials: _____
Comments:		

