University of Dubuque 2020- 2021 Award Year Special Circumstances Request Form

Student Name:		ID:	
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If you and your family have experienced unusual circumstances, complete this form to the best of your ability and provide the requested documentation to our office. We will review your request and respond as quickly as possible. This is not an all-inclusive list. If you have experienced a hardship that is not listed here, provide us with as much detail as possible on how the situation has affected you financially, either in terms of income loss or additional expenses.

[] **Unusual Medical & Dental Expenses** for independent students/spouse & parents of dependent students Amount paid for medical / dental insurance in 2019. Do <u>not</u> include employer's contribution:

2019 medical / dental ex	spenses not covered by insurance:	

Will your non-reimbursed medical / dental expenses be lower, the same, or higher in 2019 and why?

Documentation examples: 2019 Federal income tax form, Schedule A – Itemized Deduction; receipts of medical and dental payments.

[] Elementary and Secondary School Costs Child Care and Dependent Care Costs

List the family member and the amount of relevant support given for each:

Name of family member	Age	<u>Relationship</u>	<u>Amount</u>	Type of Expense

Please explain if these expenses will be lower, the same, or higher in 2020 and why:

Documentation examples: receipts for tuition payments; signed itemized statement of expenses.

[] **Unusual Debts -- addresses** families with high debt payment for unusual circumstances, such as mortgages or credit card debts to cover unemployment expenses or failed business; legal fees for divorce, adoption, etc.

List the type and purpose of debt, total amount owed, and amount of monthly payments:				
Type or Cause of I	ebt Original I	Debt Amou	int Owed	Mo Pmt

Please explain if these expenses will be lower, the same, or higher in 2020 and why:

Documentation	examples:
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contract, mortgage or lien; billing or payment summary from the individual, company or agency to which the money is owed.

- [] **Income reduction** -- If your income and / or your spouse's or parents' income will be less in 2020 than it was in 2019, check the appropriate reason and explain the situation below.
 - [] Unemployment or change in employment
 - [] Divorce or separation
 - [] Disability of student, spouse, or parent
 - [] Natural disaster
 - [] Loss of untaxed income or benefit
 - [] One time income inheritance, moving expense allowance, IRA or pension distribution

Explanation of your situation including the dates of the change in your situation:

If you or your parents divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent, give only your information or the information of your surviving parent.

		cumenting estimated earnings, or verification of actual social ent benefits, workers compensation benefits, or disability		
Certification:	The information listed on this form is true and correct to the best of my/our knowledge. I understand that knowingly giving false information will result in a review of my financial aid eligibility.			
Signature of Student		Date		
Signature of Parent (for dependent student)		Date		
Signature of Spouse (for married students)		Date		