

**UNUSUAL CIRCUMSTANCE FORM**

**Gannon University Financial Aid  
109 University Square Erie, PA 16541  
FAX (814) 871-5826**

A) STUDENT NAME \_\_\_\_\_ GU ID# or SS# \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This form is to be used to inform Gannon University of any change in income of either the student or parents. This form will be used to review Gannon aid and all federal programs of assistance. **For Pennsylvania State Grant review, it is necessary to complete an additional form. Please contact PHEAA at 1-800-692-7392 for the appropriate form.**

**B) LOSS OF INCOME**

**Briefly explain the reason** for the reduction in income below. Use a separate sheet of paper if necessary. (A change of income such as loss of bonus or overtime will not be used in a reduction of income calculation.) Also state the duration you anticipate this situation to exist (ex. Unemployment – 10 weeks).

**Date this change occurred:** \_\_\_\_\_ **For loss of income Proceed with Option 1 or Option 2 on back.**

**C) SEPARATION OR DIVORCE**

Dependent Students: Date parents either separated or divorced \_\_\_\_\_

Are parents residing in separate dwellings? \_\_\_\_ Yes \_\_\_\_ No

If there has been a separation or divorce where both parents' incomes were reported on the FAFSA, please estimate on the back of this form only the income of the parent that will provide the most student support.

Independent Students: Date student either separated or divorced \_\_\_\_\_

Are student and spouse residing in separate dwellings? \_\_\_\_ Yes \_\_\_\_ No

If there has been a separation or divorce where both student and spouses incomes were reported on the FAFSA, please estimate on the back of this form only the student's income.

**D) OTHER SPECIAL CIRCUMSTANCE**

( ) Death of a parent or spouse

( ) Medical and dental expenses (**DO NOT INCLUDE** amounts covered by insurance, medical reimbursement accounts, or self-employed health deductions from the Federal 1040 form.)

\$ \_\_\_\_\_ **You must attach a separate sheet of paper with an explanation and itemization of these expenses** (normally expenses under \$1500 have no effect).

( ) Tuition – private elementary, and/or secondary tuition for the 2017-2018 academic year (**DO NOT INCLUDE** the student who is applying for this Special Circumstance or students siblings in college.)

NAME	SCHOOL	YEAR IN SCHOOL	*TUITION COST
------	--------	----------------	---------------

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**\*Less discount &/or other credits**

**OPTION 1: 2016 REDUCTION OF INCOME CONSIDERATION: ATTACH A COPY OF 2016 FEDERAL INCOME TAX RETURNS AND SIGN THIS FORM BELOW.**

**OPTION 2: 2017 REDUCTION OF INCOME CONSIDERATION: COMPLETE ALL SECTIONS BELOW AND SIGN THIS FORM.**

**PROJECTED INCOME FOR 2017**

Use **yearly estimates**. Complete all items below. **Do not leave any items blank**. All answers equal to zero must be populated with a '0'. Estimate income (prior to exemptions, adjustments, or deductions) your family expects to receive from January 1, 2017 until December 31, 2017.

<b>ESTIMATED 2017 FINANCIAL INFORMATION</b>	<u>Student/Spouse's Yearly Income</u>	<u>Parent's Yearly Income</u>
1. Estimated <u>taxable</u> income from work (wages, salaries, tips)	\$ _____ Student \$ _____ Spouse	\$ _____ Father/Stepfather \$ _____ Mother/Stepmother
2. Severance pay	\$ _____	\$ _____
3. Pensions, annuities and/or IRA distributions	\$ _____	\$ _____
4. Interest and dividend income	\$ _____	\$ _____
5. Business or farm income	\$ _____	\$ _____
6. Capital gains	\$ _____	\$ _____
7. Net income received from rental property	\$ _____	\$ _____
8. Alimony which will be received	\$ _____	\$ _____
9. Unemployment compensation	\$ _____	\$ _____
10. Any other taxable income (include taxable SSI and SSD, Workman's Compensation, etc.)	\$ _____	\$ _____
<b>Total Estimated 2017 Taxable Income</b>	<b>\$ =====</b>	<b>\$ =====</b>

<b>ESTIMATED 2017 UNTAXED INCOME</b>	<u>Student/Spouse's Yearly Income</u>	<u>Parent's Yearly Income</u>
1. Any contributions to tax-deferred pension and savings plans (paid directly or withheld from earnings)	\$ _____	\$ _____
2. Untaxed Social Security benefits received by the parents <u>including</u> the benefits received for the student and other children	\$ _____	\$ _____
3. Untaxed pension and/or disability benefits	\$ _____	\$ _____
4. Workers' compensation	\$ _____	\$ _____
5. Untaxed portion of pensions	\$ _____	\$ _____
6. Housing, food, and other living allowances for clergy, military, and others (include cash payments or cash value of benefits)	\$ _____	\$ _____
7. Child support payments which will be received for the student <u>and</u> ALL other children (exclude foster care or adoption payments)	\$ _____	\$ _____
8. Veterans' non education benefits	\$ _____	\$ _____
<b>Total Estimated 2017 Untaxed Income</b>	<b>\$ =====</b>	<b>\$ =====</b>

**ESTIMATED 2017 PAYMENTS**

1. Child support <b>paid out</b> because of divorce or separation	\$ _____	\$ _____
---	----------	----------

CERTIFICATION: I certify that the information provided on this form is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form if asked by the Financial Aid Office. I also realize that if I do not provide requested documentation, this form will not be processed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_