

F. UNUSUAL CIRCUMSTANCES

Check all that apply to your situation:

- | | | |
|--|--|---|
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> Recent separation/divorce | <input type="checkbox"/> Change in family living status |
| <input type="checkbox"/> Change in work status | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> College expenses |
| <input type="checkbox"/> Income reduction | <input type="checkbox"/> Illness or injury | <input type="checkbox"/> Death in the family |
| <input type="checkbox"/> Shared custody | <input type="checkbox"/> High debt | <input type="checkbox"/> Child support reduction |
| <input type="checkbox"/> Medical/Dental expenses | <input type="checkbox"/> Shared tuition | <input type="checkbox"/> Other (summarize)_____ |

Please attach supporting documentation regarding your unusual circumstances.

G. 2016 INCOME VERIFICATION

Please attach W-2 copies for 2016 for each employed Parent/Guardian and/or copies for tax returns for 2016, as well as any documentation of any other income for 2016 or the present.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> W-2 attached | <input type="checkbox"/> Tax return attached | <input type="checkbox"/> Other income documentation attached |
|---------------------------------------|--|--|

I swear under penalty of law that the information contained in this application and any accompanying documents is true and correct.

Applicant

Date