



**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. 2017 INCOME VERIFICATION**

Please attach W-2 copies for 2016 for each employed Parent/Guardian and/or copies for tax returns for 2017, as well as any documentation of any other income for 2017 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