

## 2022-23 Extenuating Circumstance Request

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Under extenuating circumstances, this form may be completed to re-evaluate your financial need based on your current situation not addressed on your 2022-23 FAFSA. Forms received without all required documentation will delay the review process. Submission of this form does also not guarantee a change in your financial aid eligibility. Each case will be evaluated on an individual basis. Circumstances not considered are standard living expenses (utilities, credits card payments, Chapter 7 personal bankruptcy, etc.), mortgage payments, car payments, vacation expenses, retirement, and all other discretionary expenses.

expenses.		
Step 1: Student Informa	ation	
Name:	FVTC ID #:	Phone:
Student e-mail:	□ Dependent stude	ent: Parent e-mail
Step 2: Reason (s) For T	The Request and Required Documenta	tions (check all that apply).
Student Spo	age number of hours worked and hourly rate o	co- date paystub(s)).  Explaining your reason for separation and effective f pay, and two most recent pay stubs from
Student Sp (Attach a copy of	oouse Parent (dependent student only)	ne tax return, if available <u>or</u> receipts paid out of
Student Spo	tus (divorce or legal separation, death) Effectionse Parent (dependent student only) a divorce decree and 2022 W2s, or obituary, or	
(Attach all month physician indicati	ouse Parent (dependent student only) lly worker's compensation or other disability ind	come received and a signed statement from of inability to work, or estimated date disability
☐ <b>Other extenuating ci</b> (Attach supportin	rcumstancesng documentation that could be considered for	an extenuating circumstance request).

Explain below in details the s	pecifics of your	extenua	iting circumstai	nce(s). Attach additional paper, if needed.
Step 3: Household Certifica	ition			
Check only one of the following ar	nd complete the ch	art below	:	
FAFSA.  I am considered an Inde my FAFSA.	pendent Student c	on my 202	2-23 FAFSA and w	vas not required to provide parental income or
Full Name of Family Member Begin with yourself If you need more space, attach a separate sheet	Date of Birth	Relationship to Student Self, parent on FAFSA, child, son, daughter, spouse, etc.		Full Name of College (if applicable) For you & any family member who will be working toward degree completion at least half-time during the 2022-2023 academic year.
			Self	Fox Valley Technical College
Dependent Students: List the people that your parent(s) will support between July 1, 2022 and June 30, 2023. (Support is defined as providing food, medical/dental or health insurance, car insurance, money or other financial resources). Include the following:		2022 and June 30 medical/dental or	dents: ou (and your spouse) will support between July 1, 0, 2023. (Support is defined as providing food, health insurance, car insurance, money or other s). Include the following:	
<ul> <li>Yourself, even if you do not live with your parent(s)</li> <li>Your parent(s)/step-parent if they are living together, even if they are not married. Do not include a parent not living in the household due to separation or divorce</li> <li>Your parents' other children (only if your parents provide more than half of their support* from July 1, 2022 through June 30, 2023, or they would be required to give parental information when applying for 2022-23 federal aid). Do not include children for whom your parents are paying child support and do not include foster children.</li> </ul>		<ul> <li>Yourself (and your spouse, if married)</li> <li>You and your spouse's children, if you or your spouse will provide more than half of their support* from July 1, 2022 through June 30, 2023. Even if they do not live with you, they may be included if you provide more than half of their support. Do not include children for whom you are paying child support &amp; do not include foster children.</li> <li>Other people if they now live with you, and you provide more than half of their support* and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023.</li> </ul>		

Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from

July 1, 2022 through June 30, 2023.

## **Step 4: Family Financial Information**

Please complete the table below to help us assess your estimated income for the year 2022. Report all income (taxable and non-taxable) that you expect to receive January 1, 2022 through December 31, 2022, in the appropriate boxes. Write "0" for items that do not apply. Independent students should answer for student and spouse, if married. Dependent students should answer for student and parent (s). You must include documentation supporting all income.

Taxable Income for 2022	Student Include spouse if married	Parent (s)
Wages, salaries, tips	\$	\$
Severance pay	\$	\$
Business/farm/rental income	\$	\$
Dividends/interests/capital gains	\$	\$
Unemployment Compensation	\$	\$
Alimony	\$	\$
,	,	·
TOTAL	\$	\$

	T	
	Student	
	Include	
	spouse if	Parent (s)
Other Income for 2022	married	on FAFSA
Social security benefits	\$	\$
Qualified retirement		
distribution	\$	\$
Child Support Received	\$	\$
IRA/Keogh contributions	\$	\$
Worker's compensation	\$	\$
Other untaxed income	\$	\$
TOTAL	\$	\$

## **Step 5: Review and Sign** – form will not be accepted without a signature

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

By signing below, I understand the following:

- Additional documentation may be requested by the Student Financial Services Office upon review of my circumstance
- Allow up to 15 business days for processing
- Check my FVTC e-mail regarding the status of my appeal
- The decision of the Student Financial Aid Specialist is final; there is no appeal process to the U.S. Department of Education
- Certify that all of the information reported is complete and correct to the best of my knowledge

Student Signature	Date	Parent Signature - Dependent Students only	Date
	FLECTRONI	C SIGNATURES NOT ACCEPTED	

## ELECTRONIC SIGNATURES NOT ACCEPTED

Office	e use only	y: Date Receive	a:	Staff Initials	,