



FINANCIAL AID OFFICE

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2021-22 Special Circumstances Form (Dependent)

Student's Name: _____

La Salle University ID #: _____

Student Date of Birth: _____

Email address (required for response): _____

This form will assist the Financial Aid Office in the review of your aid eligibility due to changes in your financial situation or circumstances not addressed on your 2020-2021 FAFSA.

Please note: Elementary school/high school tuition, changes in asset/investment worth, overtime pay, and bonus/incentive income will not be considered as a special circumstance.

If the Department of Education has selected you for verification, this special circumstance form **cannot** be processed until you have submitted all of the verification documents and verification is complete.

Attention Pennsylvania residents: For reconsideration of PHEAA State Grant eligibility, please contact PHEAA for their special condition form at 1-800-692-7392 or www.pheaa.org.

CERTIFICATION--- All the information on this form is true and complete to the best of my knowledge. I understand that intentional inaccurate information may jeopardize current and future eligibility for financial aid. Updates to FAFSA will be based on the information that is supplied.

Submit completed forms to the Financial Aid Office for review. Special circumstance adjustments will be made to the 2020-2021 FAFSA and financial aid package only. Subsequent financial aid packages for future academic years will be determined independently of this special circumstance.

Student

Date

Parent/Spouse

Date

**** DO NOT SEND SENSITIVE PERSONALLY IDENTIFIABLE INFORMATION VIA UNSECURE EMAIL ****

If emailing this form along with a tax document containing social security number and/or bank account information, please send via secured email.

For all of the following circumstances, please submit the requested documents for your situation, as well as:

- Copies of your 2019 **AND** 2020 federal tax returns and W-2 statements
- Copies of award packages from other institutions to which you have applied

____ **Death of a parent/spouse**

Date of death _____

Attach documentation of life insurance for the deceased.

____ **Separation or divorce of parent (dependent students only)**

Date of separation or divorce _____

Name of custodial parent _____

Name of non-custodial parent _____

Estimated support paid **from** non-custodial parent _____
(Includes child support, alimony and any other support such as bills paid on behalf of custodial parent)

Attach proof of separation/divorce, such as divorce decree, letter from lawyer, or proof of separate residences.

____ **Loss of job or reduction of parental/spousal 2020 income**

(This form cannot be filed until after eight (8) consecutive weeks of unemployment/reduction of income.)

Date of loss of job or reduction of income _____

Reason for loss of job or reduction of income _____

	Parent	Student
2021 Estimated parental adjusted gross income	_____	_____
2021 Estimated earnings from work (father/student)	_____	_____
2021 Estimated earnings from work (mother/spouse)	_____	_____
2021 Estimated unemployment compensation	_____	_____
2021 Estimated untaxed income <i>(Includes child support, disability, and/or worker's compensation)</i>	_____	_____

Attach 2021 YTD statement of earnings, and employer's notice of termination, if applicable.

Attach notice or denial of 2021 unemployment compensation, if applicable.

____ **Other special circumstances**

Please attach explanation with supporting documentation.

This special circumstance will not be reviewed until all required documentation has been received.