



## 2022-2023 Academic Year Special Circumstance Request for Independent Student

Student Name: \_\_\_\_\_

UO ID: \_\_\_\_\_

Our office understands there may be circumstances in which the information provided on the FAFSA does not always accurately reflect your current financial situation. Please complete this form if you would like our office to review your special circumstance for consideration of additional financial aid eligibility. Keep in mind that changes in aid eligibility generally only pertain to the federal student aid programs (for undergraduate students this may include the Pell Grant and Subsidized Direct Loan), not institutional or state aid programs. Not all changes result in additional aid eligibility.

**We may consider:** Loss of employment or other income, separation or divorce, death of a spouse, unusually high out-of-pocket medical and/or dental expenses, one-time source of income, other special circumstances

**We generally do not consider:** Location, domicile or household debt (e.g. personal loans and credit card debt)

1. Use the table below to estimate **income from July 1, 2022 through June 30, 2023 for yourself, and spouse if applicable**, and **provide documentation** to substantiate estimates, such as: most recent (or final) pay stubs, pension statements, unemployment statements, and other relevant documents to support the figures provided.
2. **Attach a statement to this form that addresses why your 2020 income reported on the FAFSA is not an accurate representation of your financial situation.** What has changed? Please explain how the projections were calculated including pertinent information, such as: dates of employment/unemployment and frequency of payments.

Estimated Income (7/1/2022 – 06/30/2023) – <b>do not leave any box blank, if none please put 0</b>					
<b>Taxable Income:</b>	Student	Spouse	<b>Untaxed Income:</b>	Student	Spouse
Gross wages (not net), including severance	\$	\$	Untaxed portion of pensions or IRA distributions (exclude rollovers)	\$	\$
Business income/Loss	\$	\$	Payments to tax-deferred pension and retirement plan, such as 401k	\$	\$
Unemployment	\$	\$	Child support <b>received</b>	\$	\$
Alimony	\$	\$	Veterans noneducation benefits	\$	\$
Rental property income	\$	\$	Public assistance	\$	\$
Interest/Dividends	\$	\$	Worker's compensation	\$	\$
Capital gains	\$	\$	Disability benefits	\$	\$
Taxable Social Security benefits	\$	\$	Tax exempt interest income	\$	\$
Taxable pension or IRA distribution	\$	\$	Other nontaxable income, Source: _____	\$	\$
			<b>Additional Financial Info:</b>		
Other taxable income, Source: _____	\$	\$	Child support <b>paid</b> as a result of a legal requirement	\$	\$

By signing this worksheet, you certify that all the information reported is complete and correct to the best of your knowledge. Federal tax forms may be requested at a later time.

**Typed or auto-generated electronic signatures NOT accepted.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

**Warning: If you purposely  
give false or misleading  
information, you may be  
fined, sent to prison, or both.**

**Office of Student Financial Aid and Scholarships**

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