



Office of Student Financial Aid  
T.H. Harris Annex Bldg. 139A  
P.O. Box 9961  
Baton Rouge, Louisiana 70813-9961  
(225) 771-2790 fax: (225) 771-5898  
[www.subr.edu](http://www.subr.edu)

## Special Circumstances Form: Loss of Income 2017-2018 SPCIR

Name \_\_\_\_\_ SSN or SID \_\_\_\_\_  
(Please Print: Last name, First name, MI)

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Parent phone \_\_\_\_\_ Email \_\_\_\_\_

### General Instructions

I. All: Complete this form after you receive your 2017-2018 Student Aid Report. To accurately project 2017 income, it is necessary to verify base year (2015) income. If you have already submitted verification information (IVF, tax transcripts, W-2s), check the box below. If you have not already submitted verification information, a verification packet should be requested. Processing of this loss of income form will not begin until the financial aid office receives all documents.

- ☐ I have already submitted verification documents  
☐ I am submitting verification documents (IVF, federal tax transcript, W-2s) with this form

II. Student loss of income: Complete the student section, answering all questions with an amount or zero. Also, complete the worksheet on the reverse side of this form, indicating all situations that apply to your income change since you applied for financial aid. Provide documentation for all categories. You must sign this form.

III. Parent loss of income: Complete the parents of dependent student section, answering all questions with an amount or zero. Also, complete the worksheet on the reverse side of this form, indicating all situations that apply to your income change since you applied for financial aid. Provide documentation for all categories. The student and a parent/stepparent must sign this form.

**NOTE: If submitting this after December 31, 2017, submit your 2017 W-2s and/or your 2017 U.S. federal tax transcript.**

	Student (and spouse if married)	Parent(s) of dependent student (include student)																
1. Amount of expected earnings and other taxable income for 2015:	Student: \$ _____ Spouse: \$ _____	Mother: \$ _____ Father: \$ _____																
2. Source and amount of expected <i>untaxed</i> income and benefits for 2015:	<table border="0"><thead><tr><th><u>Source</u></th><th><u>Amount</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> _____</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> _____</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> _____</td><td>\$ _____</td></tr></tbody></table> <p>Check boxes above if received by student.</p>	<u>Source</u>	<u>Amount</u>	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	<table border="0"><thead><tr><th><u>Source</u></th><th><u>Amount</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> _____</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> _____</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> _____</td><td>\$ _____</td></tr></tbody></table> <p>Check boxes above if received by mother.</p>	<u>Source</u>	<u>Amount</u>	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/> _____	\$ _____
<u>Source</u>	<u>Amount</u>																	
<input type="checkbox"/> _____	\$ _____																	
<input type="checkbox"/> _____	\$ _____																	
<input type="checkbox"/> _____	\$ _____																	
<u>Source</u>	<u>Amount</u>																	
<input type="checkbox"/> _____	\$ _____																	
<input type="checkbox"/> _____	\$ _____																	
<input type="checkbox"/> _____	\$ _____																	

### Certification (required signatures)

All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official, I (we) agree to give proof of the information I (we) have given on this form. I (We) understand the base year verification and/or the documents provided with this form may change my (our) financial aid eligibility and financial aid award, including any previously awarded aid.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent's signature  
(One parent whose information is provided in #2 above)

\_\_\_\_\_  
date

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

If submitting this after December 31, 2017, submit your 2017 W-2 Wage and Earnings Statements or your 2017 U.S. Federal Tax transcript.

**Student Worksheet (check all that apply)**

☐ Student or spouse worked full-time in 2015 but is not working full-time now.

Date full-time work ceased: \_\_\_\_\_

- Provide a statement of your situation along with this form.
- Provide documentation of change in employment from employer(s).
- Provide all final pay stubs for student and spouse, as applicable.
- Provide most recent pay stub from any current employment for student and spouse, as applicable.
- Provide documentation of maximum unemployment benefits received/to be received.

☐ Student (or spouse), who earned money in 2015, has experienced a significant decrease in resources in 2017. This must be the result of a disability, natural disaster, a change in employment, or one-time income that occurred in 2015 - 2017.

- Provide a statement of your situation along with this form.
- Provide recent check stub, disability verification, or other documentation to support loss of income.
- If one-time income received in 2015, provide proof that this was a "one-time" payment.

☐ Student (or spouse) who received unemployment compensation or some untaxed income benefits in 2015 lost that income or benefit for at least 10 weeks in 2017. The untaxed income or benefit should be from a public or private agency, from a company, or from a person because of a court order. (Do not include loss of veteran's education benefits.)

- Provide a statement of your situation along with this form.
- Provide appropriate documentation.

Indicate the source and amount of untaxed income or benefits:

Source	2017 Amount
Social Security Benefits (including SSI)	\$ _____
Court ordered child support	\$ _____
Untaxed retirement	\$ _____
Disability benefits	\$ _____
AFDC/ADC and TANF	\$ _____
Other source: _____	\$ _____
Date that benefit was <u>last</u> received: _____	
Explain Loss: _____	

☐ Student has already applied for financial aid, but since that time, the student and spouse have separated or divorced.

Check applicable status: ☐ Separated ☐ Divorced

Date of separation or divorce:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

- Provide a statement of your situation along with this form.
- Provide copy of court order.
- If separated, provide utilities bills or other acceptable mail from student and spouse showing different addresses.

☐ Student has applied for financial aid, but since that time:

- the student's spouse has died; or
- the last surviving parent with whom the student had a dependency relationship has died.

Date of death:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

- Provide copy of death certificate.

**Parent Worksheet (check all that apply)**

☐ Parent (or stepparent whose income from work is reported) who earned money in 2015 has lost his or her job and remained unemployed for at least 10 weeks during 2017.

Date work ceased: \_\_\_\_\_

- Provide a statement of your situation along with this form.
- Provide documentation of change in employment from employer(s).
- Provide all final pay stubs and most recent pay stubs from any current employment for the affected parent.
- Provide documentation of maximum unemployment benefits received/to be received.

☐ A parent (or stepparent whose income from work is reported) who earned money in 2015, has experienced a significant decrease in resources in 2017. This must be the result of a disability, natural disaster, a change in employment, or one-time income that occurred in 2015 - 2017.

- Provide a statement of your situation to this form.
- Provide recent check stub, disability verification, or other documentation to support loss of income.
- If one-time income received in 2015, provide proof that this was a "one-time" payment.

☐ A parent (or stepparent whose untaxed income is reported) who received unemployment compensation or some untaxed income benefits in 2015 has completely lost that income or benefit for at least 10 weeks in 2017. The untaxed income or benefit should be from a public or private agency, from a company, or from a person because of a court order. (Do not include loss of veteran's education benefits.)

- Provide a statement of your situation along with this form.
- Provide appropriate documentation.

Indicate the source and amount of untaxed income or benefits:

Source	2017 Amount
Social Security Benefits (including SSI)	\$ _____
Court ordered child support	\$ _____
Untaxed retirement	\$ _____
Disability benefits	\$ _____
AFDC/ADC and TANF	\$ _____
Other source: _____	\$ _____
Date that benefit was <u>last</u> received: _____	
Explain Loss: _____	

☐ Parents and/or stepparents, who provided parental data on the student's original financial aid application, have separated or divorced.

Check applicable status: ☐ Separated ☐ Divorced

Date of separation or divorce:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

- Provide a statement of your situation along with this form.
- Provide copy of court order.
- If separated, provide utilities bills or other acceptable mail from each parent showing different addresses.

☐ A parent or stepparent, who provided parental data on the student's original financial aid application, has died.

Date of death:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

- Provide a statement of your situation along with this form.