

WASHINGTON AND LEE UNIVERSITY

FINANCIAL AID

2020-21 Notification of Special Circumstances

Submit this document if there are special circumstances that should be taken into consideration during the initial evaluation for aid, or if after you receive your financial aid award you believe there were circumstances or financial details that were not addressed. This form is used as a supplement to the university need-based grant application and families should provide new financial details not originally included in the application documents. Any request for need-based re-evaluation must begin with the submission of this special circumstance form and the required documentation.

From the chart below select and check the box for the category most relevant to your situation. You can select multiple categories. Complete the sections for each category you have selected and submit this form and the required documentation to the Office of Financial Aid either by standard mail or by using the Office of Financial Aid secure upload process. Contact Martha Rowsey (540) 458-8717 to initiate a secure upload.

	Category	Documents Required for Appeal	Sections to be Completed
<input type="checkbox"/>	1. Change in Employment/Income (Loss of job, reduction in wages, mandatory retirement, etc.)	<ul style="list-style-type: none"> • Documentation of unemployment benefits • Copy of separation notice and final paystub • Documentation of severance package or any paid-out vacation and sick days 	Sections 1, 2, 6 & 7
<input type="checkbox"/>	2. One-time income gain (2017) (IRA withdrawal, one-time capital gain, inheritance, life insurance, etc.)	<ul style="list-style-type: none"> • Documentation of one-time gain 	Sections 1, 4, 6 & 7
<input type="checkbox"/>	3. Uncommon Expenses (Medical, excessive or untypical debt, home damage, two households, etc.)	<ul style="list-style-type: none"> • Copies of bills designating the amount <u>not</u> covered by your medical insurance • Copies of invoices related to debt • Copies of bills related to damages not covered by your insurance. 	Sections 1, 3, 6 & 7
<input type="checkbox"/>	4. Family Member Support (support for family member(s) not living in household)	<ul style="list-style-type: none"> • Documentation of support provided • Letter of explanation 	Sections 1, 3, 5, 6 & 7
<input type="checkbox"/>	5. Other Circumstances	<ul style="list-style-type: none"> • A personal statement and supporting documentation 	Sections 1, 2, 3, 6 & 7

Section 1: Student/ Parent Information:

Student Name: _____ Class Year: _____

Parent Name: _____ Parent Email: _____

Parent Phone Number: _____ Date: _____

I/We certify the information submitted on this form is true and accurate. I/We will notify the Financial Aid Office immediately if our circumstances change.

Parent Signature: _____ Student Signature: _____

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Section 2: Household Income:

Your university need-based grant eligibility for the 2020-21 academic year is based on your 2018 income. Complete this section if your resources for the 2020-2021 academic year will be significantly different. Enter your actual 2018 income in Column (A) and your updated income in Column (B). This section is complete only if you indicate in Column (B) the source (Option 1 or 2) of your updated income values.

- * **Option 1: Change in 2019 Income** - There was a significant decrease in 2019 income from 2018. Enter actual 2019 income values in Column B. Submit complete 2019 federal tax returns with this form.
- * **Option 2: Change in 2020 Income** - There is a significant decrease in current income from 2018. Estimate income for the calendar year 2020 and enter the estimated values in Column B. Your 2019 tax returns and other documentation to support income projections must be provided.

Income	(A) Current 2018 Income		(B) Income based on *Option _____
Income from Wages, Salaries, Compensation from Jobs			
Father's gross wages/salary/tips (Attach W-2 form or pay stub)	\$		\$
Mother's gross wages/salary/tips (Attach W-2 form or pay stub)	\$		\$
Student's gross wages/salary/tips (Attach W-2 form or pay stub)	\$		\$
Net income from business or farm	\$		\$
Net rental/partnership/royalties/trust income	\$		\$
Interest/dividends	\$		\$
Capital gain/loss	\$		\$
Severance pay/vacation pay/sick pay	\$		\$
Unemployment Compensation	\$		\$
Workers' compensation/disability benefits	\$		\$
Pensions/annuities	\$		\$
Alimony/spousal support	\$		\$
Social Security	\$		\$
Other taxable Income Please provide details:	\$		\$
Untaxed Income			
Child support received for all children	\$		\$
Veteran's Benefits	\$		\$
House Allowance (military, clergy, etc.)	\$		\$
Other untaxed income (i.e. foreign income exclusion, worker's compensation, untaxed pensions, SS Benefits, etc.)	\$		\$
TOTALS: (taxed and untaxed)	\$ _____		\$ _____

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Section 3: Household Expenses:

Next to each item, fill in the dollar amount of your family's average monthly living expenses. If your family shares living expenses with others, indicate only that portion of expenses which your family pays. If an expense occurs other than monthly, please convert into a monthly average. Report only your family's living expenses. DO NOT REPORT ANY BUSINESS OR RENTAL PROPERTY EXPENSES.

Primary Reason for Completing this Section:

Change in Income Medical Expenses
 Multiple Households Care of Elderly Parent
 Debt Property Damage

Does the family pay Rent or Mortgage? Are payments current? Yes No

Do you share any living expenses with individuals outside the immediate family? Yes No

If YES, what is the monthly contribution of the other individual(s)? \$ _____

If YES, please indicate name and relationship: _____

Monthly Family Expenses	Average Amount Per Month in 2019	Average Amount Per Month in 2020
Home Mortgage/Rent (Do not include insurance, property tax or mortgage on rental properties)	\$ _____	\$ _____
Property Tax	\$ _____	\$ _____
Home Maintenance (gardener, house cleaner, pool, etc.)	\$ _____	\$ _____
Food and Household Supplies	\$ _____	\$ _____
Utilities (gas, electric, water, etc.)	\$ _____	\$ _____
Phone, Cable, Internet	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Private, elementary/secondary school tuition	\$ _____	\$ _____
Insurance (home, car, health, life, etc.)	\$ _____	\$ _____
Medical expenses NOT covered by insurance	\$ _____	\$ _____
Transportation Expense (gas, maintenance, etc.)	\$ _____	\$ _____
Car Payments: 1) Make/Year: _____ 2) Make/Year: _____	\$ _____ \$ _____	\$ _____ \$ _____
Credit Card Payments	\$ _____	\$ _____
Personal Debt Payments Explain:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Total Monthly Expenses:	\$ _____	\$ _____

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Section 4: Statement of One-time Gain

Use the box below to identify the type of one-time gain you received in 2018 and did not receive in 2019:

	Type of Gain	Amount
<input type="checkbox"/>	IRA Withdrawal	\$
<input type="checkbox"/>	One-time Capital Gain	\$
<input type="checkbox"/>	Inheritance/Life insurance	\$
<input type="checkbox"/>	Other (please explain):	\$

Section 5: Expenses Related to Family Member Support

If you are supporting other family members outside of your household, indicate below the monetary value of the expense and whether it occurred one time or occurs monthly.

Itemize all expenses in the space provided and attach supporting documentation (bills, receipts, etc.)

Type of Expense	Amount (Value)	Frequency
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> One-time expense
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> One-time expense
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> One-time expense

Section 6: Auxiliary Questions

1. Number of vehicles (cars, boats, etc.) owned or leased by the household. Number: _____
2. For each vehicle list the Make/Year/Purchase price/Year purchased or leased/Is it student owned

a. _____	b. _____
c. _____	d. _____
e. _____	f. _____
g. _____	h. _____
3. List the total value of all parent retirement assets: \$ _____

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Section 7: Additional Information and Explanation

Use the following space to present any explanations, details, or any other factors that are relevant to your submission of this form and which should be considered as a part of your review. If you need additional space, attach a separate page.

Blank lined area for providing additional information and explanation.