



**FINANCIAL AID 2021-2022  
SPECIAL CIRCUMSTANCES FORM**

**Student Name:** \_\_\_\_\_ **Class Year:** \_\_\_\_\_ **Banner ID:** \_\_\_\_\_

**Special Circumstances: Changes Affecting Family Income, Expenses and Assets**

Indicate whose change this form represents:          Student                  Parent(s)

Please check the box that best describes your family's special circumstances from **January 1, 2020-present**. **Documents are needed to support your request.** Attach sheet(s) and additional explanation if necessary.

- Employment Change:** Termination/Layoff of Job or Significant Reduction in Income  
*Examples of type(s) of documentation accepted for submission:*
  - Copies of most recent pay-stubs from all employment held showing year-to-date earnings (indicate frequency of pay, for example, weekly, monthly, etc.)
  - Copy of unemployment compensation to be received. Indicate when compensation began and the duration of the compensation
  - Copy of employment settlement, indicating employment severance payments to be received
  - Copy of social security, disability and/or AFDC benefits to be received
  - Documentation of employment benefit program
  - Other: \_\_\_\_\_
  
- Other Income Change:** \*Note: If student income is \$12,000 or less, you do not need to report a change as it uses the same calculation for you student contribution  
*Examples of type(s) of documentation accepted for submission:*
  - Loss of Child Support
  - Any other form of untaxed income
  - Documentation of termination of benefits/support/income from benefit provider
  - Other: \_\_\_\_\_
  
- Separation or Divorce:**  
*Examples of type(s) of documentation accepted for submission:*
  - Copy of separation agreement
  - Copy of divorce decree, indicating alimony and/or child support to be received as a result of divorce
  - Substantial evidence of separation or divorce, for example, mortgage/lease/utility bill documenting parents live in separate residences
  
- Expenses:** Medical expenses paid out-of-pocket and will not be reimbursed  
*Examples of type(s) of documentation accepted for submission:*
  - Copies of receipts for medical payments paid
  - Copies of medical bills
  
- Asset Changes:** \_\_\_\_\_  
*Examples of type(s) of documentation accepted for submission:*
  - The Office of Financial Aid will determine the appropriate documentation needed.

**Special Circumstances Statement** (please explain the state of your or your family's financial situation in further detail).

*Documents are needed to support your request. The Office of Financial Aid requires documents to complete request.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**Please upload this form through Self-Service Banner (SSB) <https://selfservice.brown.edu>**