ART ACADEMY OF CINCINNATI
SPECIAL CIRCUMSTANCES REQUEST – LOSS OF INCOME

Student’s Name ___________________________________________________

By completing and submitting this form, you are requesting the Art Academy of
Cincinnati’s Financial Aid Office to reevaluate your (parent) financial situation
based on unusual or special circumstances. The Art Academy Financial Aid
Office reviews such requests on an individual, one time only basis.

Part I. DOCUMENTATION:

Before any request for special circumstances can be evaluated, you must first
either use the IRS Data Retrieval Tool on the FAFSA or submit a copy of your
(parent) 2014 IRS Official Tax Return Transcript to the Financial Aid Office. The
Art Academy of Cincinnati will perform a reevaluation for the following
circumstances (please check one):

☐ Involuntary loss of employment (worker is terminated, fired, laid off),
provide the following: 1) a copy of the notice of termination from the
employer and a copy of your employment decision from the Employment
Division or its designee, 2) a copy of the final pay stub, and 3) statement
of eligibility for unemployment compensation. If your spouse is employed,
provide a copy of your spouse’s most recent pay stub.

☐ Loss of income due to a disabling illness or injury, provide a letter from the
doctor which includes the date(s) the person was treated for the
illness/injury and a brief description of how the illness/injury interfered with
the ability to work.

☐ Separation or divorce after the 2015-16 financial aid applications are filed.
Provide the date of separation/divorce. Also provide an updated statement
of the current number in the household supported by the parent, including
the student, and the number of those (excluding the parent), that will
attend college at least halftime in 2015-16. Do not include the income or
taxes to be paid of the noncustodial parent in Part II.

☐ Death of a parent who completed the 2015-16 financial aid applications for
the student, provide the name of the parent and the date of death.
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Part II. PARENT INFORMATION - To be completed by student’s parent(s). Complete all lines, providing the best estimate of expected (i.e. anticipated, likely) income. Use “0” if the answer is none or not applicable. Do not leave questions blank.

Taxable 2015 expected income and benefits:

Father’s gross wages, Jan. 1, 2015 – Dec. 31, 2015 $______________

Mother’s gross wages, Jan. 1, 2015 – Dec. 31, 2015 $______________

Unemployment compensation (if 0, explain) $______________

Other 2015 taxable income (interest income, rental income etc.) $______________

Any other taxable income: $______________

Nontaxable 2015 expected income and benefits:

Social Security and/or Veterans benefits $______________

Child Support received for all children $______________

Untaxed portions of pension benefits $______________

Untaxed payments to retirement plans $______________

Any other untaxed income or benefit $______________

2015 expected U.S. income tax to be paid (do not include state tax, Social Security withholdings, etc.) $______________

Part III. – READ AND SIGN
All of the information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested to do so. I also agree to update the financial aid office if these income projections change at any time during 2015.

__________________________________________________________________________
Mother’s signature                   Date

__________________________________________________________________________
Father’s signature                   Date