

Financial Aid Office 9801 Frankford Ave. Philadelphia, PA 19114 Phone: 267-341-3233 Fax: 215-599-1694 finaid@holyfamily.edu www.holyfamily.edu/finaid

2023-2024 Special Circumstances Form

PURPOSE OF THIS FORM

This form is intended for you to notify the Financial Aid Office of special circumstances that were not able to be reported on your Free Application for Federal Student Aid (FAFSA). Please complete the sections that pertain to your situation. Submit this completed form along with all of the required documentation listed on the 2nd page. Please note that this form will not be processed without the supporting documentation attached. If additional details are necessary, you may attach written explanation of your situation. Once this information is received, your eligibility will be reevaluated and you will be notified of the results.

You should also be aware that this form cannot be used to reevaluate Pennsylvania state grants. If you are a resident of Pennsylvania, you should visit www.pheaa.org or contact the Pennsylvania Higher Education Assistance Agency (PHEAA) at 800-692-7392 to request their special circumstances form. If you reside in another state and receive a state grant at Holy Family, you should contact your state's agency to determine if another form is required.

PLEASE PRINT STUDENT'S NAME:			
HOLY FAMILY ID:			
ADDRESS:			
STREET ADDRESS	CITY	STATE	ZIP
DAYTIME PHONE:	EVENING PHONE:		

A. SPECIAL CIRCUMSTANCE (Please fill out what pertains to your situation)

UNUSUAL MEDICAL AND DENTAL EXPENSES

Please list all medical and dental expenses that you or your parents had during 2021 that were not covered by insurance and that exceed 11 % of your adjusted gross income. Please attach copies of all paid medical and dental bills not covered by insurance in 2021. When submitting bills, proof of payment should include either a paid statement by the provider or copies of cancelled checks. Write the total amount of these bills below:

Total of expenses that exceed 11% of your (or your parent(s)) adjusted gross income:

EDUCATION AND DEPENDENT CARE EXPENSES

If you or your parents will pay for child care expenses, elementary or secondary expenses (not higher education expenses) or dependent care expenses during the 2023-2024 school year, please complete the chart below. Please attach documentation from the school or childcare provider (on their letterhead) to verify your costs. This information should include any grants or scholarships received by the student.

Name of Family Member	Age	Relation to Holy Family Student	23/24 Child Care Expenses	23/24 Elementary Education Tuition	23/24 Secondary Education Tuition	23/24 Grants and Scholarships	23/24 Adult Dependent Care Expenses

incom	<u>ie will be significantly less than in 2021 and/or 2</u>	<u>2022</u>									
	Unemployment or change in employment Please attach a copy of your layoff or termination notice from your employer, as well as your last pay stub. This letter should include verification of your last date of employment and be on company letterhead. Please also attach a copy of any unemployment benefit determination. Please also complete the grid below. Resignations will not be considered unless you resigned in order to attend school full-time. Also, loss of overtime income cannot be considered.										
	Death of spouse or parent Please attach a letter noting the date, place and ca	eath of spouse or parent Date of deathease attach a letter noting the date, place and cause of death, and complete the grid below.									
	Disability of student, spouse or parent Please attach a copy of your disability claim and a employment. Also attach a letter from your employ Please also complete the grid below.	note from your o		ould include you							
FOR F	PARENTS OF DEPENDENT STUDENTS ONLY:										
	Divorce or Separation (if it occurred after filing the Date of Divorce										
	Please attach copies of court documents and com	plete the grid be	low. Include infor	mation of the cus	todial parent only.						
	Anticipated 2023 Income (1/1/2023 – 12/31/2023)	Father	Mother	Student	Spouse						
pay	GES, SALARIES, TIPS (including severance pay, disability ments and any other income earned from work)										
inte Be	HER TAXABLE INCOME (including unemployment benefits, rest income, IRA deductions, Social Security benefits, etc.) sure to use your 2021 or 2022 federal income tax return as a prence.										
СН	ILD SUPPORT RECEIVED										
ОТІ	HER UNTAXED INCOME — Please list sources:										
B. F	REQUIRED DOCUMENTS										
Please	e remember that you must submit all of the follo	owing informati	ion along with	this form:							
	2021 and 2022 IRS tax return transcript for yo To obtain an IRS tax return transcript, go to www.IRS. , sure to request the 2021 and 2022 IRS Tax Return Ti within 2-3 weeks for IRS income information to be ava tax return filers. Or, you may submit signed copies of t schedules, for each person. If you did not file taxes, yo person, for each year they did not file.	g <u>ov</u> and select "G ranscripts and <u>N</u> ilable for electroni he 2021 and 2022	et Your Tax Reco OT the IRS tax ac ic IRS tax return fi 2 IRS Federal Inc	ord" or call 1-800- ecount transcript. ilers, and 6-8 wee ome Tax return(s	908-9946. Make It normally takes eks for paper IRS and applicable						
	Copies of all of you and your spouse's and your parents' (for dependent students) 2021 and 2021 W-2 and/or 1099 forms.										
	Completed 2023-2024 Dependent or Independent Verification Worksheet, which can be printed from our website, www.holyfamily.edu/finaid/forms (choose 2023-2024).										
	Copy of required additional documentation fo	r each section	of this form th	at you comple	ted.						
C. C	CERTIFICATION										
	fy under penalty of perjury that the information est of my knowledge.	provided on th	is form and att	ached is true a	and correct to						
	NT SIGNATURE:	DA	DATE:								
STUD	ENT SIGNATURE:		DATE:								

REDUCTION IN INCOME - Complete only if the change occurred during 2021, 2022 or 2023 and your 2023

Return completed form and required documentation to the address or email address on the front/first page of this form. Contact us at the phone number or email address on the front of this form with any questions.