

Follow the steps below and return this form with the appropriate documentation to the address at the bottom of this document. The information you provide will be reviewed to determine if adjustments to your FAFSA can be made. Please allow 6 to 8 weeks processing time. You will be notified of the decision by the Financial Aid Office to the student's Johnson e-mail address. All decisions made by the Financial Aid Office concerning special circumstances are final.

### SECTION A - STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) whose information was provided on your FAFSA:

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Telephone number where you or your parent can be reached in the event of questions:

Student phone number: \_\_\_\_\_ Parent phone number: \_\_\_\_\_

**List the people in your household, including yourself. List the name of the university for any member (excluding parents) who will attend college at least half-time between 07/01/2020 and 06/30/2021.**

Full Name	Age	Relationship	College
		Self	Johnson University

### SECTION B - SPECIAL CIRCUMSTANCES

*From the list provided, indicate the reason for the requested review of your family's financial situation and provide indicated documentation.*

- Loss or Reduction of Hours (For Job Loss Appeals - there is a waiting period of 10 weeks from date of termination.)
  1. Letter(s) from applicable former employer(s) stating the last date of employment
  2. Copy of last pay stub(s) from former/current employer(s), if applicable
  3. Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment
  4. Copy of 2018 and 2019 IRS Tax Return Transcripts and most recent W-2s for student and parent, if applicable
  5. Attach a detailed letter to this Request Form documenting your circumstances.
  6. Copy of form DD214 if discharged from active military duty, if applicable.
- Loss of Benefits (Social Security Benefits, Child Support, Unemployment Benefits, etc.) Increase in Expenses (Medical expenses, etc.)
  1. Applicable documentation
  2. Copy of 2018 and 2019 IRS Tax Return Transcripts and most recent W-2s for student and parent, if applicable
  3. Attach a detailed letter to this Request Form documenting your circumstances.
- Other \_\_\_\_\_
  1. Applicable documentation.
  2. Copy of 2018 and 2019 IRS Tax Return Transcripts and most recent W-2s for student and parent, if applicable
  3. Attach a detailed letter to this Request Form documenting your circumstances.

## SECTION C - INCOME ASSESSMENT FORM

Please complete the table below to help us assess your actual income for 2020. Report all income you expect to receive through December 31, 2020, in the appropriate boxes. You must include documentation supporting all income.

### Parent Income Information *(For dependent students only)*

Income for 2020 (January 1 to December 31)	Actual 01/01/20 to Today	Estimated Today to 12/31/20	Totals
PARENT 1: expected income earned from work(wages, salaries, tips, net farm or	\$	\$	\$
PARENT 2: expected income earned from work(wages, salaries, tips, net farm or	\$	\$	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains)	\$	\$	\$
Social Security Benefits	\$	\$	\$
Child Support received	\$	\$	\$
Other untaxed income (earned income credits, welfare benefits, workers comp, housing benefits, etc.) Source:	\$	\$	\$
<b>Total Parental Income for 2020</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### Student Income Information

Income for 2018 (January 1 to December 31)	Actual 01/01/20 to Today	Estimated Today to 12/31/20	Totals
STUDENT: expected income earned from work(wages, salaries, tips, net farm or	\$	\$	\$
SPOUSE: expected income earned from work(wages, salaries, tips, net farm or	\$	\$	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains)	\$	\$	\$
Social Security Benefits	\$	\$	\$
Child Support received	\$	\$	\$
Other untaxed income (earned income credits, welfare benefits, workers comp, housing benefits, etc.) Source:	\$	\$	\$
<b>Total Student and/or Spouse Income for 2020</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Please list the current asset information (if any of the following are applicable). Net worth means the market value of the asset minus debt on the asset.	Parent Assets	Student Assets
Current amount of cash, savings, and checking	\$	\$
Current net worth or real estate/investments (other) than	\$	\$
Current net worth of farm or business	\$	\$

## SECTION D - CERTIFICATION AND SIGNATURE

My signature below certifies that the information I have provided on this form is true. I agree to provide proof of the information if/when requested. I understand if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my appeal will be denied, and my eligibility for financial aid may be terminated.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse of Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_