

This form may be submitted if the information on your 2023-2024 FAFSA is no longer an accurate reflection of your current financial status due to an extenuating circumstance (e.g., divorce, loss of income, death of spouse/parent, medical expenses, etc.). Submission of this form does NOT guarantee an adjustment to your information will be made or that additional aid will be awarded. Aid adjustments are subject to program and funding restrictions. Forms must be submitted at least two weeks before the end of the term to allow time for processing.

SECTION A: STUDENT INFORMATION

Student Name	ICOHS Assigned ID

Step 1: If you haven't already done so, submit the 2023-2024 FAFSA at fafsa.gov with ICOHS College school code 042655.

Step 2: Submit any required verification items noted on your admissions check list. Students selected for verification must have verification completed prior to the review of special circumstances.

Step 3: Complete and submit the following to Student Financial Aid & Scholarships.

- This request with all sections completed in full;
- A **typed**, maximum one-page, explanation of your individual circumstances (handwritten statements are unacceptable);
- A **hand-signed** copy of 2021 1040 form or Tax Return Transcript (irs.gov) for student and spouse/parent(s);
- All 2021 and 2022 W-2's for student and spouse/parent(s);
- All required documentation indicated in Section C of this form pertaining to your circumstance. Additional information may be requested depending on your individual circumstance and will be communicated through your ICOHS College email account.

Step 4: Submit your Request for Review of Special Circumstances to the ICOHS College Financial Aid Department.
Do not email this form or any documentation.

SECTION B: CERTIFICATION

I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information or forged signatures on this form, I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form with all required documentation for my financial aid to be processed. **Electronic signatures are not accepted.**

Student Signature (*Required*)

Date

X _____

Spouse Signature (*Required if Married*)

Date

X _____

Parent Signature (*Required if Dependent on FAFSA*)

Date

X _____

Return this completed form with any required documentation to:


STUDENT NAME _____

STUDENT ID # _____

SECTION C: INDICATE CIRCUMSTANCE

Circumstance	Person Affected	Effective Date	Required Supporting Documentation
<input type="checkbox"/> Separation, or <input type="checkbox"/> Divorce after the FAFSA was filed.	<input type="checkbox"/> Student <input type="checkbox"/> Parent	___/___/___ <small>*date must be after FAFSA was filed</small>	<ul style="list-style-type: none"> • Divorce: court documentation/decree • Separation: court documentation or documentation to substantiate two separate households
<input type="checkbox"/> Marriage after FAFSA was filed.	<input type="checkbox"/> Student <input type="checkbox"/> Parent	___/___/___ <small>*date must be after FAFSA was filed</small>	<ul style="list-style-type: none"> • Copy of the marriage certificate • Student marriage after FAFSA filed must address in statement how change in marital status impacts your ability to pay educational expenses.
<input type="checkbox"/> Death	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Copy of the death certificate or obituary
<input type="checkbox"/> Loss of Employment/ Reduction in Income	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Letter from employer documenting last date of employment if no longer employed, and • Documentation of year-to-date earnings, unemployment, and/or disability benefits, and • Copy of three most recent paycheck stubs.
<input type="checkbox"/> Loss of Benefits (ex. Child support)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Documentation of the termination of benefits, and • Documentation of year-to-date benefits received.
<input type="checkbox"/> One-Time Benefit or Payment	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Documentation of the one-time benefits, and • Statement explaining reason and how benefits were used.
<input type="checkbox"/> Extenuating Unreimbursed Medical, Dental or Long-term care Expenses	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • IRS Schedule A, and • Receipts/documentation of expenses paid out of pocket and not covered by insurance. • Patient must be member of household
<input type="checkbox"/> Paid Elementary or Secondary School tuition	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Receipts/documentation of primary and/or secondary school tuition paid in 2021 for child(ren) in the household. (Tuition only)
<input type="checkbox"/> Other circumstance not listed on this form	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Documentation of the "other" circumstance that demonstrates a significant impact to household income

Return this completed form with any required documentation to:


 1770 4th Avenue San Diego, California 92101 | 858.581.9460 | info@icohs.edu | icohs.edu

STUDENT NAME _____ STUDENT ID # _____

SECTION D: 2023 Income (Include Actual and Anticipated Income for the Entire 2024 Calendar Year **)**

➤ **Do Not** leave any item blank.

➤ If an amount is zero or does not apply, please enter \$0 or enter N/A.

2023 Earned Income	Student	Spouse	Parent #1	Parent #2
Estimated income from wages, tips, etc.	\$	\$	\$	\$
2023 Other Taxable Income				
Interest or Dividend Income	\$	\$	\$	\$
Unemployment Income	\$	\$	\$	\$
IRA Distributions, pensions, and/or annuities	\$	\$	\$	\$
Alimony Received	\$	\$	\$	\$
Business and/or farm income or loss	\$	\$	\$	\$
Rental real estate, royalties, partnerships, S Corporations and trusts	\$	\$	\$	\$
Capital Gains or losses	\$	\$	\$	\$
Social Security Income/Benefits Received - TAXED	\$	\$	\$	\$
Other taxable income source: _____	\$	\$	\$	\$
2023 Untaxed Income	Student	Spouse	Parent #1	Parent #2
Payments to tax-deferred pension and savings plan	\$	\$	\$	\$
Deductible IRA and Keogh payments	\$	\$	\$	\$
Child Support Received . Do Not include foster care or adoption payments.	\$	\$	\$	\$
Tax exempt interest income	\$	\$	\$	\$
Untaxed portions of IRA distributions or pensions	\$	\$	\$	\$
Housing allowance for military or clergy.	\$	\$	\$	\$
Veteran's Non-Educational Benefits (e.g., Disability, Death Pension, or Dependency Indemnity Compensation).	\$	\$	\$	\$
Money received or paid on your behalf (e.g., bills)	\$	\$	\$	\$
Other untaxed income source: _____	\$	\$	\$	\$
2023 Other Financial Information	Student	Spouse	Parent #1	Parent #2
Child Support Paid	\$	\$	\$	\$
Earnings from Federal Work-Study or need-based employment (fellowships/assistantships)	\$	\$	\$	\$
Combat pay or special combat pay that was included in your Adjusted Gross Income (AGI).	\$	\$	\$	\$

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