

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.

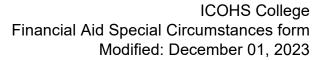
SECTION A: STUDENT INFORMATION				
Student Name ICOHS Assigned ID				
•	u haven't already done so, submit the 2023-2024 FAFSA at fa e 042655.	afsa.gov with ICOHS College school		
	mit any required verification items noted on your admissions of ication must have verification completed prior to the review of			
Step 3: Com	nplete and submit the following to Student Financial Aid & Sch	olarships.		
□ <i>/</i>	This request with all sections completed in full; A <u>typed,</u> maximum one-page, explanation of your individual costatements are unacceptable); A hand-signed copy of 2021 1040 form or Tax Return Transc	,		
	spouse/parent(s);	inpt (irs.gov) for student and		
	All 2021 and 2022 W-2's for student and spouse/parent(s);			
,	All required documentation indicated in Section C of this form Additional information may be requested depending on your in communicated though 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 (<i>Required</i>)	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	
☐ Separation, or ☐ Divorce after the FAFSA was filed.	□ Student □ Parent	*date must be after FAFSA was filed	 Divorce: court documentation/decree Separation: court documentation or documentation to substantiate two separate households 	
☐ Marriage after FAFSA was filed.	☐ Student ☐ Parent	*date must be after FAFSA was filed	 Copy of the marriage certificate Student marriage after FAFA filed must address in statement how change in marital status impacts your ability to pay educational expenses. 	
☐ Death	☐ Spouse ☐ Parent	//	Copy of the death certificate or obituary	
Loss of Employment/ Reduction in Income	□ Student □ Spouse □ Parent	//	 Letter from employer documenting last date of employment if no longer employed, <u>and</u> Documentation of year-to-date earnings, unemployment, and/or disability benefits, <u>and</u> Copy of three most recent paycheck stubs. 	
Loss of Benefits (ex. Child support)	☐ Student ☐ Spouse ☐ Parent	//	 Documentation of the termination of benefits, <u>and</u> Documentation of year-to-date benefits received. 	
One-Time Benefit or Payment	☐ Student ☐ Spouse ☐ Parent	//	 Documentation of the one-time benefits, <u>and</u> Statement explaining reason and how benefits were used. 	
☐ Extenuating Unreimbursed Medical, Dental or Long-term care Expenses	□ Student □ Spouse □ Parent	//	 IRS Schedule A, <u>and</u> Receipts/documentation of expenses paid out of pocket and not covered by insurance. Patient must be member of household 	
☐ Paid Elementary or Secondary School tuition	☐ Student☐ Spouse☐ Parent	//	Receipts/documentation of primary and/or secondary school tuition paid in 2021 for child(ren) in the household. (Tuition only)	
Other circumstance not listed on this form	□ Student □ Spouse □ Parent	//	Documentation of the "other" circumstance that demonstrates a significant impact to household income	
-				

Return this completed form with any required documentation to:



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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