

**2020-2021**  
**YORK COLLEGE OF PENNSYLVANIA**  
**SPECIAL CIRCUMSTANCES WORKSHEET**  
**(FOR COMPLETION BY PARENTS ONLY)**

**INSTRUCTIONS:** According to federal laws and regulations, a family's 2018 income is used to assess financial need for the 2020-2021 academic year. If a family's 2020 income is lower due to special circumstances, a Financial Aid administrator may be able to use the 2020 income to assess financial need. Please provide information regarding your reduction in income by completing this form.

STUDENT NAME: \_\_\_\_\_  
Last First M.I.

Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

For 2020-2021:

The student will be a new or transfer student? \_\_\_\_\_

The student is a returning YCP student? \_\_\_\_\_

**Please complete all of the following sections and return to:**

**Financial Aid Office**  
**York College of PA**  
**York, PA 17403-3651**

**OFFICE USE ONLY**

\_\_\_\_\_ Special circumstances denied

\_\_\_\_\_ Special circumstances approved

Old EFC: \_\_\_\_\_

New EFC: \_\_\_\_\_

COMMENTS:

ADMINISTRATOR: \_\_\_\_\_

DATE: \_\_\_\_\_

**A. PARENT SPECIAL CIRCUMSTANCES:**

**Please indicate the reason for your change in income. Mark all that apply.**

- Loss of income from work.
  - Period of unemployment from \_\_\_\_\_ to \_\_\_\_\_.
  - Layoff.
  - Plant Closing.
  - Termination.
  - Disability. Date of disability (mm/dd/yy)\_\_\_\_\_.
  - Other. Please specify.\_\_\_\_\_
  
- Loss of taxable income.
  - Alimony.
  - Unemployment.
  - Other. Please specify.\_\_\_\_\_
  
- Loss of untaxed income.
  - Social Security.
  - Child support. Provide documentation of date of termination.
  - Worker's compensation. Provide documentation of date of termination.
  - Other. Please specify.\_\_\_\_\_
  
- Medical or dental expenses. You have paid medical or dental expenses for the 2018 calendar year that are not covered by insurance **and these expenses exceed 10% of your total income.** Include total expense and description in summary section of this form.
  
- Divorce. Since applying for financial aid, you have become divorced. Date of divorce:\_\_\_\_\_. Use only your (custodial parent) information when completing this form. Attach your most recent paystub and copy of divorce decree.
  
- Separation. Since applying for financial aid, you have become separated. Date of separation:\_\_\_\_\_. Use only your (custodial parent) information when completing this form. Attach your most recent paystub and documented proof of separate residencies.

**B: Report all income you have actually received from January 1, 2020 through today.  
 Then estimate all income you expect to receive through December 31, 2020.  
 Please list Gross Income Amounts (Before Taxes), NOT the Net Amounts (After Taxes).**

<b>Income for January 1, 2020 to December 31, 2020</b>	Actual Income 1/1/20 to TODAY	+	Estimated Income TODAY to 12/31/20	=	TOTAL Actual + Estimated
Expected 2020 income earned from work by FATHER (wages, salaries, tips, net business/farm income)		+		=	
Expected 2020 income earned from work by MOTHER (wages, salaries, tips, net business/farm income)		+		=	
Other taxable income (dividends, interest, pensions, annuities, alimony unemployment compensation, capital gains, etc.)		+		=	
Child Support Received		+		=	
Other Untaxed Income (DO NOT include Social Security Income)		+		=	
*Total Income for 2020		+		=	

*\*Please include a copy of 2019 W-2 or 1099, copy of most recent paystub, or Unemployment Compensation Determination of Benefits Statement*

**C. Current asset information :**

**Current amount of cash, savings, and checking** \$ \_\_\_\_\_

**Current value of your real estate/investments  
(other than your home)** \$ \_\_\_\_\_

**Current debt on your real estate/investments  
(other than your home)** \$ \_\_\_\_\_

**Current value of your farm/business** \$ \_\_\_\_\_

**Current debt on your farm/business** \$ \_\_\_\_\_

**Do you materially participate in the operation of the farm? Yes / No**

**D. Household Information:** Below, list the names of each person in the household.

<b><u>NAME</u></b>	<b><u>Relationship to Student</u></b>	<b><u>Name of college he/she attending at least half-time in 2020-2021.</u></b>
	student	

**E. SUMMARY OF PARENTS' SPECIAL CIRCUMSTANCES for 2020-2021**

Please summarize your special circumstances. Attach separate sheet if necessary.

**F. CERTIFICATION:** I certify that the information provided is true, correct and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form if asked to do so by the Financial Aid Office. I also realize that if I do not provide proof when asked, the student will not receive special circumstances consideration.

**Student Signature:** \_\_\_\_\_

**Parental Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_