



2021-2022 ACADEMIC YEAR UNUSUAL EXPENSES

Student's Name: \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ EMPLID \_\_\_\_\_

If you or your family, have unusual expenses that are not reflected on your FAFSA, please complete this worksheet by checking the appropriate reason or reasons and provide the documentation specified below (or required by a Financial Aid Counselor). To be considered for an expense adjustment, you must have already completed a 2021-2022 FAFSA, received your Student Aid Report (SAR), and completed requirements for income verification. Complete this worksheet for yourself, your spouse (if you are married) and or your parents (if you are dependent) (If you are a dependent student, family includes only those people listed in your household (question 72 on the paper FAFSA). If you are independent, your family consists of those persons listed in your household (question 93 on the paper FAFSA). You must then see a Financial Aid Counselor with this worksheet and the required documentation. Additional documentation may have to be requested at the time of the interview.



You, your spouse, or your parents pay (or paid) tuition expenses for a member of your household at an elementary or secondary school and/or dependent care expenses.

(For independent students/spouses and parents of dependent students)

Required Documentation: Letter from the school indicating the name and the amount of elementary, junior high or high school tuition paid for each family member in either 2019, 2020 and the amount expected to be paid in 2021 and or 2022. Tuition does not include room & board, books, transportation, etc. Don't include tuition that you paid for yourself, tuition paid for by scholarships, or any tuition paid for pre-school or college.



You, your spouse, or your parents pay (or paid) unusual medical, dental, or nursing home expenses, not covered by insurance, for a member of your household.

(For independent students/spouses and parents of dependent students)

Required Documentation: Schedule A from your or your parents' 2019 & 2020 Federal IRS Tax Return Transcript or signed Federal Income Tax return listing the amount of medical/dental/nursing home/medical insurance payments made in 2019 & 2020 or the insurance company statements or the actual receipts for these expenses for year 2019 or for those incurred and paid in 2020 or 2021 or 2022. Do not include amounts covered by insurance, your company, medical reimbursement account (flexible spending account), or self-employed health insurance deductions from 1040 form schedule 1 line 16. Include a letter from family doctor regarding medical condition.



One or both of your parents will be enrolled in a degree or certificate program at a post-secondary institution on at least a half-time basis during the current award year. This program of study is required by your parents' present employer or by law or regulation, to keep their salary or job, or to keep or improve the skills they must have in their job, or meet or continue to meet the minimum qualification for their occupation.

Required Documentation: Statement from employer or agency detailing specific education requirements, statement of attendance from institution confirming parents' enrollment and degree status, etc.



You, your spouse, or your parents have other unusual expenses not covered on your FAFSA application that affect your eligibility for student financial aid.

Required Documentation: Statements detailing the nature of these unusual expenses along with receipts, cancelled checks, etc.

Deadline for submission for Fall 21: Nov. 15, 2021
Deadline for submission for Spring 22: April 15, 2022

It is the policy of City Tech to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students without regard to race, color, national or ethnic origin, religion, age, sex, sexual orientation, gender identity, marital status, disability, genetic predisposition or carrier status, alienage, citizenship, military or veteran status, unemployment status or status as a victim of domestic violence.

**Student's/Spouse's/Parent's Certification:**

I/We hereby certify that all information submitted in support of this request for an expense adjustment is true and complete to the best of my/our knowledge. I/We swear that I/we have not knowingly or intentionally provided any fraudulent documentation. I/We understand that if I/we am/are found to have knowingly or intentionally given false statements or fraudulent documentation, this request will be denied and the student's eligibility for financial aid jeopardized.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent 1 Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_

Date \_\_\_\_\_