2018-2019 Independent
Special Circumstances Request for Unusual Medical Expenses

Student's name: _____ SSN: _____
Please print Last name First name

Unusual Medical Expenses overview:

1. How much did you and/or your spouse pay for medical/dental insurance in 2016? $_____

2. What were the medical/dental expenses of you and/or your spouse not paid by insurance? $_____

Required Attachments: *(Please only include medical bills/expenses that were paid in 2016, do not include any unpaid bills or expenses)*

☐ List and include receipts for **2016** insurance premiums paid by you and medical/dental expenses **NOT PAID** by insurance
☐ 2016 Federal tax transcript and W-2's
☐ 2018-19 Independent Filing Status Worksheet
☐ 2018-19 Independent Household Information Worksheet
☐ Any other verification requested by the VFAO/FA office

CERTIFICATION AND SIGNATURE:

All of the information on this form is true and complete to the best of my knowledge. I agree to submit proof of the information I have given on this form, as specified above in the required attachments. I also realize that if I **do not** provide the required proof, my request **will not** be processed.

The person signing below certifies that all of the information reported is complete and correct

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

_____ _____
Student Signature (Required) **Date (Required)**