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Pierpont Community & Technical College
2018-2019 Dependent Student Special Circumstance Request Form

STUDENT NAME: _____ **SSN:** _____

BIRTH DATE: _____ **DATE SUBMITTED:** _____

This request is used to adjust the income reported on the 2018-2019 Free Application for Federal Student Aid (FAFSA) due to a change in circumstances during the calendar or academic year. If you are selected for verification, you must also submit verification documents.

LOSS OF EMPLOYMENT – Parent was working during 2017 but is now working fewer hours or is unemployed. The following documentation is required from the unemployed household member:

- Last paystub(s) from previous employer during 2017
- Current paystub if working fewer hours
- Letter from previous employer stating date of termination or resignation
- Benefit or denial letter from Unemployment Office

LOSS OF BENEFITS –Parent has lost some or all benefits (e.g. child support, food stamps, TANF, etc.) The following documentation is required:

- Last check stub(s) or printout of benefit(s) received during 2017
- Letter from agency verifying date of benefit(s) lost

DEDUCTION OF ONE-TIME PAYMENT –Parent received a ONE-TIME PAYMENT (pension, IRA, annuities, gambling winnings, settlement, etc.) The following documentation is required:

- Statement/evidence of one-time payment, such as a pension statement, bank statement, etc. or
- Copy of tax return or other document evidencing payment (Gambling Winnings, e.g.)

SEPARATION OR DIVORCE –Parent was married when the FAFSA was filed but has now separated or divorced. The following documentation is required:

- Court documentation verifying legal separation or divorce if provided by your state
- If no legal separation can be provided, submit the following:
 - Notarized statement by student indicating date of separation.

DEATH OF A SPOUSE –Parent passed away after the FAFSA was filed. The following documentation is required:

- Copy of Death Certificate or Obituary Notice

UNUSUAL EXPENSES – Parent/Student has unusual medical expenses NOT covered by insurance or pays private school tuition. The following documentation is required:

- Copy of bill(s) or statements documenting patient liability

VERIFICATION DOCUMENTS – If you have been selected for verification, you must also submit the following if not already on file at Pierpont C&TC:

- Completed and signed (student and parent) 2018-2019 Dependent Verification Worksheet
- Copy of signed 2016 Federal Tax Return or IRS Tax Return Transcript for Student and Parent as applicable

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Parental Info

REASON FOR REQUEST:

State the reason you are requesting this special consideration and **attach supporting documentation**. Give family relationships and dates when possible.

TOTAL 2018 (12 MONTH) INCOME EXPECTED from January 1, 2018 to December 21, 2018. (MUST COMPLETE!)

Father's wages _____ (Yearly Amount)

Mother's wages _____ (Yearly Amount)

Other expected income for 2018 (January 1 – December 31):

Please circle whose adjustment:

Unemployment Compensation (Father/Mother) \$ _____

Worker's Compensation/Disability, etc. (Father/Mother) \$ _____

Child Support Received (All Dependents) \$ _____

Child Support Paid (All Dependents) \$ _____

Pensions, Dividends, etc. (Father/Mother) \$ _____

Other taxed/untaxed such as 401K deferrals, interest, dividends,
monetary support from family or friends \$ _____

STUDENT CERTIFICATION:

I certify that the information provided on this form is true and correct.

I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and is punishable by law with a \$20,000 fine and/or imprisonment or both.

I understand that by signing this form, I authorize the Financial Aid and Scholarship Office of Pierpont C&TC to contact my third-party reference and verify any of the information supplied on this form.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Approved/Denied: _____ New EFC: _____ Date Corrected: _____

Comments: _____

FAA Signature: _____ Date: _____