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Pierpont Community & Technical College

2024-2025 Independent Student Special Circumstance Request Form

STUDENT NAME: _____ **ID#:** _____

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

If approved, this request will be used to adjust the income reported on the 2024-2025 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 - Student/Spouse was working during 2022 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
- 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 – Student/Spouse 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
- Letter from agency verifying date of benefit(s) lost

DEDUCTION OF ONE-TIME PAYMENT – Student/Spouse 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 – Student 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 – Spouse passed away after the FAFSA was filed. The following documentation is required:

- Copy of Death Certificate or Obituary Notice

UNUSUAL EXPENSES – Student/Spouse 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 – You must also submit the following if not already on file at Pierpont C&TC:

- Completed and signed 2024-2025 Independent Verification Worksheet
- IRS Tax Return Transcript for Student and Spouse as applicable

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Student/Spouse 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 2024 (12 MONTH) INCOME EXPECTED from January 1, 2024 to December 31, 2024. (MUST COMPLETE)

Student's wages _____ (Yearly Amount)

Spouse's wages _____ (Yearly Amount)

Other Expected income for 2024 (January 1 – December 31):

Please circle whose adjustment:

Unemployment Compensation (Student/Spouse) \$ _____

Worker's Compensation/Disability, etc. (Student/Spouse) \$ _____

Child Support Received (All Dependents) \$ _____

Child Support Paid (All Dependents) \$ _____

Pensions, Dividends, etc. (Student/Spouse) \$ _____

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:** _____

FOR OFFICE USE ONLY

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

Comments: _____

FAA Signature: _____ Date: _____