2023-2024 Special Circumstances Form

This form is for use by students whose family financial status has significantly changed compared to 2021 income tax information. This review can only be completed once the 2023-2024 Free Application for Federal Student Aid (FAFSA) has been completed using 2021 income information.

<p align="center">A. Loss of job   B. Divorce/Separation   C. Death   D. Other</p>

Please indicate who the change in income is for:

_____**Parent (for dependent students)** ____**Student** _____**Spouse**

Note: Your request will not be considered until we have received the results of your 2023-2024 FAFSA and 2021 Verification of income has been completed. This Special Circumstance form and all required documentation must be submitted to the financial aid office before this form will be reviewed. Submission of this form does not guarantee a change in your financial aid eligibility. Special Circumstances reviews will not be considered until all supporting documentation is received and all documentation must be current.

_____   _____

Student's name   NMJC Student ID or SS#

_____   _____

Parent's names (only for dependent students)   Phone Number

_____

Parent's and/or student's address   City   State   Zip

___ **A-1. Loss of income from work.** (At least 12 consecutive weeks.)

    Period of unemployment from _____ to _____.

    ____ Layoff: Provide letter on company letterhead from employer or unemployment commission stating effective date.

    ____ Plant closing: Provide letter on company letterhead from employer stating effective date.

    ____ Termination: Provide letter on company letterhead from employer or unemployment commission stating effective date.

    ____ Disability: Date of disability ___/___/___. Attach documentation of disability.

    ____ Natural disaster: Date disaster occurred ___/___/___. Attach documentation.

    ____ One-time income in 2021: (i.e. inheritance, moving expense, social security payment, lump sum retirement or IRS distribution. You must attach a separate sheet identifying source of income and how funds were spent or invested.)

___ **A-2. Loss of untaxed income.** (At least 12 consecutive weeks.)

    ____ Social Security: Provide Social Security Administration Notification of Termination of Benefits and amount received to date for 2022.

    ____ Child Support: Provide court document stating termination of benefits.

    ____ Worker's Compensation: Provide a letter from Bureau of Worker's Compensation stating termination date of benefits and amount received in 2022 and 2023.

    ____ Untaxed military benefits: Provide change of status documentation.

____ **B-1. Divorce.** (After applying for financial aid, your parents have divorced.) Date of divorce _____Attach copy of divorce decree and your parents' 2022 W-2 form(s).

____ **B-2. Legal Separation**. (After applying for financial aid, your parents have become separated.) Date of separation _____. Attach a copy of legal separation form and your parents' 2022 W-2 forms (dependent students) and current address of the parent who moved out of the house_____.

____ **C. Death**. (After applying for financial aid, a parent or spouse has died.) Date of death _____. Attach a copy of the death certificate.

____ **D. Other unusual circumstances**. Provide complete information regarding other unusual expenses. Attach appropriate documentation. _____

_____   _____

Student's Printed Name   NMJC Student ID or SS#

Please provide, in the space below, any additional information that indicates your situation and expected income for the 2023 calendar year. Also, please provide documentation of all expected income, for all members of the household, for the 2023 calendar year (paycheck stubs, unemployment documentation, severance pay, child support, social security, Welfare, AFDC, TANF, worker's compensation, cash received, etc.).

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<u>Additional documentation may be requested as determined.</u>

A delay in review of your request may occur if submitted between August 1 and September 30th due to the fact that this is a busy time of the year for the office staff. All requests will be reviewed as soon as possible.

CERTIFICATION:
All of the information on this form is true and correct to the best of my knowledge. I understand that if I provide false or misleading information, I may be fined, sentenced to jail, or both. If asked by an authorized official, I agree to give additional proof of the information that I have given on this form. I also realize that if I do not submit all requested documents, the Special Circumstance will not be reviewed.

_____

Student's signature   Date

_____

Parent signature (if referenced on this form)   Date