



**SPECIAL CIRCUMSTANCES FORM 2009-2010 ACADEMIC YEAR**

This form is used primarily by students and parents who feel that they may have special circumstances which are not reflected on or occurred since filing the 2009-2010 Free Application for Federal Student Aid (FAFSA) or Renewal Application. Please complete sections that apply to your specific circumstances.

Student's Last Name First Name Middle Name Student's ID Number or Last 4 Digits of SSN

Mailing Address Phone Number (should we have questions)

**COMPLETE ALL SECTIONS THAT APPLY TO YOUR CIRCUMSTANCES.**

Please check the reason(s) for the change in income from actual 2008 to projected 2009 income.

- 1. \_\_\_ Loss of job/change of income for (step) mother/(step) father (complete section 1, 8 and 9)
2. \_\_\_ Loss of job/change of income for student or spouse (complete section 1, 8 and 9)
3. \_\_\_ Medical/Dental expenses (complete section 2, 8 and 9)
4. \_\_\_ Divorce/Separation in family for student or parents (complete section 3, 8 and 9)
5. \_\_\_ Death of parent/spouse (complete section 4, 8 and 9)
6. \_\_\_ Disability of student/parent/spouse (complete section 5, 8 and 9)
7. \_\_\_ Loss of "one time" income (e.g. inheritance, back pay from social security, rollover to IRA/pension) (Complete section 6, 8 and 9)
8. \_\_\_ Loss of child support or alimony (complete section 7, 8 and 9)
9. \_\_\_ Other, please describe below (complete section 8 and 9)

**Section 1**

**If loss of job or change in income for please complete the following section**

The date of the loss of employment \_\_\_\_\_
2009 projected earnings for the year for (step) father \_\_\_\_\_
2009 projected earnings for the year for (step) mother \_\_\_\_\_
All other taxable income (e.g. interest income, severance pay, unemployment compensation, disability, etc.) \_\_\_\_\_
Projected nontaxable income (e.g. child support, social security, etc.) \_\_\_\_\_
Disbursement of retirement fund \_\_\_\_\_

**Section 2**

**If medical/dental expenses, please complete the following**

Out of pocket medical/dental expenses paid for the household for 2008 \_\_\_\_\_
Out of pocket medical/dental expenses paid for insurance premiums in 2008 \_\_\_\_\_
Any out of pocket medical/dental expenses your family expects to pay in 2009 \_\_\_\_\_

**Section 3**

**There has been a divorce/separation in the family**

The custodial parent is now (circle one): mother/father Name of custodial parent \_\_\_\_\_
Please attach copy of legal separation or divorce documentation
Indicate the number of family members now in the household \_\_\_\_\_
Indicate the number of family members now in college \_\_\_\_\_ (Do not include your parents in number in college)

**Section 4**

**Death of parent or spouse**

Name of the deceased \_\_\_\_\_

Date of the death \_\_\_\_\_

Please attached proof of death

**Section 5**

**Disability of student/parent/spouse**

Name of the person receiving disability \_\_\_\_\_

Date the disability started \_\_\_\_\_

Please provide additional proof (e.g. letter, end of the year statement, etc.)

**Section 6**

**Loss of "one time" income (for example, inheritance, moving expenses, back pay from social security rollover to IRA/pension account).**

What was the one time income? \_\_\_\_\_

What was the one time income used for:

\_\_\_\_\_  
\_\_\_\_\_

**Section 7**

**Loss of child support or alimony**

Date you received \_\_\_\_\_ and amount \$ \_\_\_\_\_ per month.

Date the support or alimony stopped \_\_\_\_\_

If child support, name of children you are no longer receiving child support for \_\_\_\_\_

Do you receive child support for other children? \_\_\_\_\_

**Section 8**

**Please explain in detail the circumstance(s) listed above on a separate piece of paper**

**Section 9**

**CERTIFICATION: ALL PARTIES INVOLVED MUST SIGN AND DATE THIS FORM**

All information on this form is true and complete to the best of my knowledge. I agree to provide any documentation needed to verify special circumstances.

\_\_\_\_\_  
Student and/or Spouse's Signature      Date

\_\_\_\_\_  
Father or Mother's Signature      Date

NOTE: This information will be included in your file and will be considered when your eligibility is determined. If there are more specific questions when your file is being reviewed, you will be contacted. If you need to include any additional information or forms, please attach them to this form.

**What happens after all complete forms are submitted?**

Your information will be reviewed by the Director of Financial Aid. You will receive a reply notifying you of the status of your application and/or requesting additional documentation, if needed. Please be aware that due to the sensitive nature of your request the process does take additional time.

If you would like to speak to someone about your circumstances, please call the office at (603) 752-1113.

**Return form to:      White Mountains Community College  
2020 Riverside Drive  
Berlin, NH 03570**