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 2015-2016 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

__________________________________________________________________________
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 2014 to projected 2015 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 please complete the following section

The date of the loss of employment __________
2015 projected earnings for the year for (step) father __________
2015 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 2014 __________
Out of pocket medical/dental expenses paid for insurance premiums in 2014 __________
Any out of pocket medical/dental expenses your family expects to pay in 2015 __________

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 attach 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 and/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 and Assistant Director of Financial Aid. You will receive a call 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 to schedule an appointment.

**Return to: WMCC Financial Aid Office 2020 Riverside Drive Berlin, NH 03570 or Fax: (603)752-6335**