

**Pierpont Community & Technical College**  
**2016-2017 Dependent Student Special Circumstance Request Form**

**STUDENT NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **DATE SUBMITTED:** \_\_\_\_\_

This request is used to adjust the income reported on the 2016-2017 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 2015 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 2015
- 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 2015
- 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) 2016-2017 Dependent Verification Worksheet
- Copy of signed 2015 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.

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**TOTAL 2016 (12 MONTH) INCOME EXPECTED from January 1, 2016 to December 21, 2016. (MUST COMPLETE!)**

Father's wages \_\_\_\_\_ (Yearly Amount)

Mother's wages \_\_\_\_\_ (Yearly Amount)

Other expected income for 2016 (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: \_\_\_\_\_