

SPECIAL CIRCUMSTANCES FORM 2022-2023 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 2022-2023 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

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 2021 to projected 2022 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 _____

2022 projected earnings for the year for (step) father _____

2022 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 2021 _____

Out of pocket medical/dental expenses paid for insurance premiums in 2021 _____

Any out of pocket medical/dental expenses your family expects to pay in 2022 _____

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 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) 230-4013 to schedule an appointment.

Return to: NHTI Financial Aid Office 31 College Drive Concord, NH 03301 or Fax: (603) 230-9306