



2018-2019 Special Circumstance Request-Dependent

Student Name: _____ NMC Student ID: _____
Phone Number: _____

CURRENT ESTIMATED FAMILY CONTRIBUTION (EFC) _____*

*If your EFC is zero (0), please stop and do **NOT** fill out this form. If you have a zero (0) EFC, you have the lowest EFC; therefore there is no benefit to you in submitting this form.

- Provided copy of 2017 IRS Tax Return Transcript or IRS Verification of Non-Filing for yourself and your parents
- Provided copies of your and your parent's 2017 W2s
- Provided copies of your and your parent's most recent 2018 paystubs

STEP 1: Your parents(s) (or stepparent) must meet at least one of the following (A-E). For items A-C, the loss must have occurred for a minimum of 10 weeks.

PLEASE SELECT one (1) of the following and provide relevant documentation:

- A. LOSS OF JOB:** You or your parent (mother/father/stepparent) earned money in 2016 and have been unemployed for a minimum of 10 weeks in 2017 and/or 2018. **Please provide proof of the number of weeks of unemployment benefits and amount received per week** (statement is available online at www.michigan.gov/uia). **If any wages were earned in 2018, provide a copy of the last paystub from each job worked in 2018.**
Dates of unemployment: From _____ to _____.
- B. LOWER WAGE OR CUT IN HOURS:** You or your parent (mother/father/stepparent) worked full-time (35 hours or more) for at least 30 weeks during 2017 and are no longer employed full-time, or have had a substantial pay reduction, for a minimum of 10 weeks in 2017 or 2018. **Please provide 2017 W2(s) and a copy of the last paystub from each job worked in 2018.**
- C. LOSS OF BENEFITS:** You or your parent (mother/father/stepparent) received a taxed/untaxed income or benefit in 2016 and have completely lost that income or benefit for a minimum of 10 weeks in 2017 or 2018. Examples: Unemployment, Child Support, Social Security, Alimony, Worker's Compensation, etc. **Please provide proof: 1) that the benefit was lost/expired and 2) the number of weeks of benefits and amount received per week in 2017 and/or 2018.**
- D. CHANGE IN MARITAL STATUS:** You have already applied for Federal student aid (FAFSA) and since that time you or your parent (mother/father/stepparent) has had a change in marital status resulting in substantially reduced financial resources. Write the date you or your parent (mother/father/stepparent) were separated, divorced or widowed (please attach a copy of the death certificate): mm/dd/yyyy _____.
- E. ONE-TIME PAYMENT IN 2016 USED FOR HARDSHIP EXPENSE:** You or your parent (mother/father/stepparent) received a large one-time payment in 2016 or 2017 that you will not receive in 2018 **AND** it was spent on something associated with a hardship such as extraordinary medical expenses. **Explain below and provide documentation of the expenses and the hardship.**

STEP 2: Provide a written statement explaining your specific circumstances (please attach a separate sheet if needed).

PLEASE NOTE: If you were selected for verification by the Department of Education, a complete verification will be required **before** we can consider an adjustment for your special circumstance. Upon receipt of this form, the required forms must be provided to complete verification.

STEP 3: Please provide the **TOTAL** estimated information for the household i.e. student, parent(s) (mother/father/stepparent)

ALL Expenses for the household	Estimated Total Annual Expenses for 2018
Rent/Mortgage	\$
Utilities	\$
Food	\$
Clothing	\$
Transportation	\$
Car Payment(s)/Lease(s)	\$
Insurance (Auto/Home)	\$
Recreation/Entertainment	\$
Phone	\$
Other (Please Specify):	\$
TOTAL ESTIMATED 2018 EXPENSES:	\$

ALL Sources of Income for the household	Estimated Total Annual Income for 2018
Student's Income from Work (include most recent paystub)	\$
Parent 1 Income from Work (include most recent paystub)	\$
Parent 2 Income from Work (include most recent paystub)	\$
Pension/Retirement	\$
Unemployment/Worker's Compensation	\$
Untaxed Social Security	\$
Supplemental Security Income (SSI)	\$
Child Support Received	\$
Welfare/AFDC/TANF/WIC	\$
Supplemental Nutrition Assistance Program (SNAP)	\$
Low Income Housing	\$
Financial Aid Refund for 2018	\$
Other (Please Specify):	\$
TOTAL ESTIMATED 2018 INCOME:	\$

STEP 4: Have you requested a Special Circumstance in the past?
 Yes No If yes, year requested _____

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail or both.

Student's Printed Name: _____ **NMC ID:** _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Financial Aid Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Student Financial Services Officer _____	Date _____

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