



2018-2019 Special Circumstance Request-Independent

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 your (and your spouse's, if married) 2017 IRS Tax Return Transcript or IRS Verification of Non-Filing
- Provided copies of your (and your spouse's, if married) 2017 W2s
- Provided a copy of your (and your spouse's, if married) most recent 2018 paystub(s)

STEP 1: The student (and/or spouse) 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 spouse) 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 spouse) 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 spouse) 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 have had a change in marital status resulting in substantially reduced financial resources. Write the date you 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 spouse) 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.

Submit to: **Northwestern Michigan College – Enrollment Services**
1701 E. Front Street, Traverse City, MI 49686-3016
(231) 995-1035 • (800) 748-0566 • fax (231) 995-1937
Email: sfs@nmc.edu • Website: www.nmc.edu/financialaid

STEP 3: Please provide the **TOTAL** estimated information for the household i.e. student (and spouse if applicable)

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)	\$
Spouse's Income from Work (include most recent paystub)	\$
Other Non-Reported Income	\$
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 _____

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

Certifications and Signatures

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

Student's Printed Name: _____

NMC ID: _____

Student Signature: _____

Date: _____

Spouse Signature: _____
(optional)

Date: _____

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

Non-Discrimination Policy Notice
 Northwestern Michigan College (NMC) is committed to a policy of equal opportunity for all persons and does not unlawfully discriminate on the basis of race, color, national origin, religion, disability, genetic information, height, weight, marital status or veteran status in employment, educational programs and activities and admissions. nmc.edu/nondiscrimination