

STUDENT INFORMATION:

Name: _____

STUDENT ID #: _____

E-mail address: _____

Phone Number: _____

EXPLANATION OF CIRCUMSTANCE (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Loss of employment | <input type="checkbox"/> Change in Marital Status |
| <input type="checkbox"/> Loss of benefit | <input type="checkbox"/> Death of spouse or parent |
| <input type="checkbox"/> Deduction of one-time payment | <input type="checkbox"/> Unusual expenses |

Give specific dates and reasons as to when and why income changes occurred - be specific and list events in chronological order. If you need more space, attach a separate sheet of paper.

VERIFICATION OF HOUSEHOLD SIZE:

Write in the names of all household members. Also write in the name of the college attended for any household member (excluding parents) who will be attending college at least half-time between July 1, 2023 and June 30, 2024 and will be enrolled in a degree or certificate program. If you need more space, attach a separate sheet of paper.

Dependent Students:

- Include yourself, your parent(s) (including stepparent) even if you don't live with your parents, and
- Your parent(s) dependent children, even if they don't live with your parents if your parents provide more than half of their support OR if they would be required to give parental information when filling out a FAFSA
- Other dependents ONLY IF they now live with your parent(s) AND your parents provide more than half of their support from 07/01/2023 to 06/30/□

Independent Students:

- Include yourself and your spouse if you are legally married
- Your children if you provide more than half of their support from 07/01/□ to 06/30/□ and
- Other dependents ONLY IF they live with you and you will provide more than half of their support from 07/01/□ to 06/30/□

Full Name	Age	Relationship to Student	Name of College

CERTIFICATION:

I/We certify that all the information reported to qualify for federal aid is complete and correct to my/our knowledge. I/we understand that if additional documentation is required, I/we will submit those documents in a timely manner or my Special Circumstance Request will be denied. I/we also understand that if I/we give false or misleading information, I/we may be fined, jailed, or both.

Student Signature

Date

Parent Signature (required if student is dependent)

Date

