

## **Special Circumstance Application**

2014 – 2015

## A. Student Information

Student Last Name	Student First Name	Student M.I.	Soci	al Security Number		
	Permanent Street Address	Ci	ty	State	Zip Code	
( )		(	)			
Home Phon	e Number (include area code)		Alternate/Cell Phone	Number (include a	area code)	
•	cumstance Application indicated these changes electronically on	-			-	
manciai aia.						
	Student Signature		Parent Signatu	re (if dependent)		
3. Instructions						
Indicate all speci	al circumstances that apply and	l submit all documen	ts required for yo	ur special ci	rcumstance(s)	
as listed.						
□ Unemplo	oyment or Change of Employme	ent Status				
	Student Mother	Father	Spouse			
Docu	ıments Required:					
- 1	etter from previous employer (	on company letterho	ny letterhead) stating:			
:	<ol> <li>Last date of employment</li> </ol>					
2	2. 2014 earnings up to the dat	e of last employmen	t			
- I	etter from current employer (c	on company letterhea	ad) stating:			
:	<ol> <li>Date of change in employment</li> </ol>	ent status (reductior	of hours, wages,	etc.)		
	<ol><li>Reason for change in emplo</li></ol>	yment status				
- 9	Statement from Division of Emp	loyment Security (pr	eviously Employn	nent Securit	y Commission)	
- 1	Retirement pay statement for 2	014 (if applicable)				
- (	Completed Estimated Income Ta	able for 2014 (on pag	ge two of this doc	ument)		
☐ Divorce/	Separation					
Stu	dent/Spouse Parents					
Docume	nts Required:					
- /	A copy of divorce decree OR a le	etter from the attorn	ey verifying the s	eparation da	ite	
	2013 W2 forms and 2013 Feder dependent student).	al Income Tax Returr	n for student and/	or supportir	ng parent (if	

	□ Death					
MotherFatherSpouse						
		Documents Required:				
		<ul> <li>A copy of the death certificate</li> </ul>				
		- 2013 W2 from and 2013 Federal Income To	ax Return for s	tudent and/o	r supporting pa	arent (if
		dependent student).				
		Disability				
	Mother FatherSpouse					
		Documents Required:				
	- A letter from the Physician stating the date of the disability and document supporting social					g social
	security disability benefits to be received in 2014 (SSDI).					
	<ul> <li>Completed Estimated Income Table for 2014 (bottom of this document).</li> </ul>					
	□ Loss of Benefits and/or Untaxed Income:					
	Documents Required:					
	- Documentation certifying loss of benefit or untaxed income. If child support and/or alimony, a					ılimony, a
	copy of divorce decree to include settlement agreement.					
	☐ One-time Income					
	Inheritance, IRA Distribution, Back Year Social Security Payments, Capital Gain, etc.					
		Documents Required:				
		- Documentation of one-time income includ	ing amount, ty	pe of income	and date of re	ceipt
		- State of how funds were utilized, invested	or rolled over			
C.	2. Estimated Income for 2014 Calendar Year					
	If you are divorced or separated, include only your income information. If you parents are divorced or separated,					
	include only your custodial parent's income information. If your custodial parent has remarried include their					
	spouse's income information. If the loss of income is due to the death of your spouse/parent, include only your					
	income information/surviving parent's income information.					
I				01/01/2014 –		-
		Write in Zero(0) if an item does not apply	Father	Mother	Student	Spouse
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Note: Write in Zero(0) if an item does not apply	Father	Mother	Student	Spouse
Taxable Wages, Salaries, Tips				
State Unemployment Benefits				
Pensions				
Alimony				
Other Taxable Income (Specify Source)				
Untaxable Social Security Benefits				
Aid to Families with Dependent Children (AFDC)				
Child Support Received				
Other Untaxed Income Benefits				
TOTAL Anticipated Income				
Cash and Savings				

D.	List the	the People in Your Household				
	DEPENDENT STUDENTS:					
		Yourself and your parent(s) (include	stepparent)	even if you do not live	with your parents	
		Your parent's other children, even if	they do not	live with your parent(	s), if:	
	<ul> <li>Your parents provide more than half of their support from July 1, 2014 through June 30, 2015</li> <li>OR</li> </ul>					
	- The children would be required to provide parental information when applying for Federal					
		Student Aid				
	INDEPENDENT STUDENTS:					
	☐ Yourself and your spouse, if married, AND					
	<ul> <li>Your children, if you will provide more than half of their support from July 1, 2014 through June 30, 2015, AND</li> <li>Other people if they now live with you, and you provide more than half of their support and will</li> </ul>					
	continue to provide more than half of their support from July 1, 2014 through June 30, 2015					
		Full Name	Age	Relationship	College	

Full Name	Age	Relationship	College

Do not mail this document to the U.S. Department of Education. Submit this document to the financial aid administrator at your school.

You should make a copy of this document for your records.

Robeson Community College / Financial Aid Office / PO Box 1420 Lumberton, NC 28360

Completed form may be faxed to 910.618.5686 or emailed to <a href="mailto:finaid@robeson.edu">finaid@robeson.edu</a>