

2016-2017

# A. Student Information

Student Last Name	Student First Name	Student M.I.		Social Security Number		
	Permanent Street Address		City	State	Zip Code	
()			_()			
Home Phone Number (include area code)			Alternate/Cell Phone Number (include area code)			

If the Special Circumstance Application indicated adjustments can be made, I authorize Robeson Community College to make these changes electronically on my behalf. Completing this form does not constitute approval of financial aid.

Student Signature

Parent Signature (if dependent)

#### **B. Instructions**

Indicate all special circumstances that apply and submit all documents required for your special circumstance(s) as listed.

□ Unemployment or Change of Employment Status

\_\_\_\_Student \_\_\_\_Mother \_\_\_\_Father \_\_\_\_Spouse

Documents Required:

- Letter from previous employer (on company letterhead) stating:
  - 1. Last date of employment
  - 2. 2016 earnings up to the date of last employment
- Letter from current employer (on company letterhead) stating:
  - 1. Date of change in employment status (reduction of hours, wages, etc.)
  - 2. Reason for change in employment status
- Statement from Division of Employment Security (previously Employment Security Commission)
- Retirement pay statement for 2016 (if applicable)
- Completed Estimated Income Table for 2016 (on page two of this document)
- Divorce/Separation
  - \_Student/Spouse \_\_\_\_Parents

Documents Required:

- A copy of divorce decree OR a letter from the attorney verifying the separation date
- 2015 W2 forms and 2015 Federal Income Tax Return for student and/or supporting parent (if dependent student).

Death

\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_Spouse

Documents Required:

- A copy of the death certificate
- 2015 W2 from and 2015 Federal Income Tax Return for student and/or supporting parent (if dependent student).
- Disability

\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_Spouse

Documents Required:

- A letter from the Physician stating the date of the disability and document supporting social security disability benefits to be received in 2016 (SSDI).
- Completed Estimated Income Table for 2016 (bottom of this document).
- Loss of Benefits and/or Untaxed Income:

Documents Required:

- Documentation certifying loss of benefit or untaxed income. If child support and/or alimony, 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 including amount, type of income and date of receipt
- State of how funds were utilized, invested or rolled over

## C. Estimated Income for 2016 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. **DO NOT LEAVE BLANK.** 

01/01/2016 - 12/31/2016

Note: Write in Zero(0) if an item does not apply	Father	Mother	Student	Spouse		
Taxable Wages, Salaries, Tips						
State Unemployment Benefits				2		
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						
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### D. List 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:
  - Your parents provide more than half of their support from July 1, 2016 through June 30, 2017 OR
  - The children would be required to provide parental information when applying for Federal Student Aid

# INDEPENDENT STUDENTS:

- $\hfill\square$  Yourself and your spouse, if married, AND
- Your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017, AND
- □ Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017

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 finaid@robeson.edu