



A. Student Information

Student Last Name Student First Name Student M.I. Social Security Number

Permanent Street Address City State Zip Code

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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. 2019 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 2018 (if applicable)
- Completed Estimated Income Table for 2019 (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
- 2018 W2 forms and 2018 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
- 2018 W2 from and 2018 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 2019 (SSDI).
- Completed Estimated Income Table for 2019 (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 2019 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.**

	01/01/2019 - 12/31/2019			
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				

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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, 2019 through June 30, 2020 OR
 - The children would be required to provide parental information when applying for Federal Student Aid

INDEPENDENT STUDENTS:

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- Yourself and your spouse, if married, AND
 - Your children, if you will provide more than half of their support from July 1, 2019 through June 30, 2020, 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, 2019 through June 30, 2020

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 910.272.3314 or emailed to finaid@robeson.edu

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WARNING: if you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.