

ALPENA COMMUNITY COLLEGE
Special Circumstances Form – INDEPENDENT
2011-2012

Name: _____

Social Security #: _____

Address: _____

Phone: _____

You have indicated special circumstances that may warrant an adjustment to the information you provided on your Free Application for Federal Student Aid (FAFSA). This form provides you with an opportunity to request special consideration of these circumstances. **A re-evaluation does not guarantee an increase in your financial aid award.**

Check the appropriate box below to indicate the circumstances that apply to you. **You must provide a signed and dated copy of your 2010 Federal Tax forms, as well as all requested documentation.**

- Change of Employment:** You or your spouse became unemployed in 2010 or 2011.
- You have become unemployed as of _____
- Your spouse has become unemployed as of _____
- A copy of the last check stub and a letter from the employer verifying loss of employment is required.

- Separation or Divorce:** You have become separated or divorced after you applied for aid.
Date of separation or divorce _____
A copy of a complaint for divorce or divorce decree is required.

- Death of Spouse:** Your spouse has died after you applied for aid.
Date of death _____
A copy of the death certificate is required.

- Medical or Dental Expenses:** There were unusual medical/dental expenses not covered by insurance paid in 2010.
Copies of receipts indicating amounts paid in 2010 not covered by insurance.

- Other:** Provide a detailed explanation of circumstances that are not listed above. You must provide adequate documentation to support such circumstances.

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Projected 2011 Income - INDEPENDENT

This section must be completed. Do not leave blank. If it does not apply, enter a zero.

2011 Income

	Income from Jan. 1, 2011 to today	Projected income to Dec. 31, 2011
Student income from work (including wages, tips, & salaries)		
Spouse income from work (include wages, tips, & salaries)		
Unemployment compensation		
Alimony		
Business or Farm Income		
Pension & Annuities		
Any other taxed income (rental income, interest or dividend income, capital gains, social security benefits, etc.) List sources:		
ADC Benefits		
Untaxed Social Security Benefits		
Child Support Received		
Workers' Compensation		
Payment to tax-deferred pension & savings plans (paid directly or withheld from earnings. Include untaxed portions of 401 (K) or 403 (b) plans.		
Any other untaxed income. List sources:		

Certification: The information provided is true to the best of my/our knowledge. I/we understand that additional documentation may be requested to clarify this application. I/we understand that if the requested documentation is not provided, the Special Circumstances Form will not be reviewed.

Student Date Spouse (if applicable) Date

Mail completed documents to: **Alpena Community College
Financial Aid
665 Johnson Street
Alpena, MI 49707**
or Fax to: **989-358-7541**

ALPENA COMMUNITY COLLEGE
Special Circumstances Form – DEPENDENT
2011-2012

Name: _____

Social Security #: _____

Address: _____

Phone: _____

You have indicated special circumstances that may warrant an adjustment to the information you provided on your Free Application for Federal Student Aid (FAFSA). This form provides you with an opportunity to request special consideration of these circumstances. **A re-evaluation does not guarantee an increase in your financial aid award.**

Check the appropriate box below to indicate the circumstances that apply to you. **You must provide a signed and dated copy of your parents' 2010 federal Tax forms, as well as all requested documentation.**

Change of Employment: A parent became unemployed in 2010 or 2011.

Parent became unemployed as of _____

A copy of the last check stub and a letter from the employer verifying loss of employment is required.

Separation or Divorce: Your parents became separated or divorced after you applied for aid.

Date of separation or divorce _____

A copy of a complaint for divorce or divorce decree is required.

Death of Parent: A parent has died after you applied for aid.

Date of death _____

A copy of the death certificate is required.

Medical or Dental Expenses: There were unusual medical/dental expenses not covered by insurance paid in 2010.

Copies of receipts indicating amounts paid in 2010 not covered by insurance.

Other: Provide a detailed explanation of circumstances that are not listed above. You must provide adequate documentation to support such circumstances.

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Projected 2011 Income - DEPENDENT

This section must be completed. Do not leave blank. If it does not apply, enter a zero.

2011 Income

	Income from Jan. 1, 2011 to today	Projected income to Dec. 31, 2011
Father's income from work (include wages, tips, & salaries)		
Mother's income from work (include wages, tips, & salaries)		
Unemployment compensation		
Alimony		
Business or Farm Income		
Pension & Annuities		
Any other taxed income (rental income, interest or dividend income, capital gains, social security benefits, etc.) List sources:		
ADC Benefits		
Untaxed Social Security Benefits		
Child Support Received		
Workers' Compensation		
Payment to tax-deferred pension & savings plans (paid directly or withheld from earnings. Include untaxed portions of 401 (K) or 403 (b) plans.		
Any other untaxed income. List sources:		

Certification: The information provided is true to the best of my/our knowledge. I/we understand that additional documentation may be requested to clarify this application. I/we understand that if the requested documentation is not provided, the Special Circumstances Form will not be reviewed.

Student

Date

Father (Stepfather)

Date

Mother (Stepmother)

Date

Mail completed documents to:

**Alpena Community College
Financial Aid
665 Johnson Street
Alpena, MI 49707
989-358-7541**

or

Fax to: