

Special Circumstance consideration may be available if your current financial situation is not accurately reflected by the 2015 tax information. You must submit a signed detailed letter explaining the situation and required documentation as outlined below. All documents must be completed before the Special Circumstance Petition can be reviewed. Please be aware that submitting an appeal does not guarantee an adjustment will be made nor are the documents listed below final. Please provide all required documents in a timely manner to avoid any delays.

Student Information:

Last Name	First Name	M.I.	NPC ID #
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Mailing Address (include apt. no.)	City	State	Zip Code
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Check the box that applies to you:

- I am an independent student.**
- You and your spouse, if you are married.
- I am a dependent student and I am required to provide my parent(s) information.**
- Yourself
 - Your parent(s) (stepparent, if remarried or biological parents if living together) even if you don't live with them.

Check all circumstances you would like to be considered and submit required documentation:

Criteria for Consideration:	You must Provide:
<input type="checkbox"/> Unemployed/Dislocated Worker Must have occurred after application date for FAFSA Date Unemployment occurred: ____/____/____ Date began new job, if applicable: ____/____/____ Relationship to Student: _____	<input type="checkbox"/> Documentation of unemployment benefits; or <input type="checkbox"/> Letter of Termination from previous employer(s), and; <input type="checkbox"/> 2016 IRS Tax Transcript (depending on when income loss occurred) and; <input type="checkbox"/> Copies of 2016 W-2 form(s) and; <input type="checkbox"/> Signed statement detailing situation
Dislocated worker definition: has been laid off or received a lay-off notice from a job; was self-employed but is now unemployed due to economic conditions or natural disaster; or is a displaced homemaker, is unemployed or underemployed, and is having trouble finding or upgrading employment.	
<input type="checkbox"/> Reduction of Income Date reduction of income began: ____/____/____ Type of income: _____ Provide taxes for year income loss began	<input type="checkbox"/> 2016 IRS Tax Transcript (depending on when income loss occurred) and; <input type="checkbox"/> Copies of 2016 W-2 form(s) and; <input type="checkbox"/> Proof of reduced income; <input type="checkbox"/> Sign statement detailing situation
Reduction of income is defined: as a student (or spouse) or parent(s), who is currently employed, but have less income for the 2016 year compared to 2015. Examples include: loss of wages due to reduced hours, alimony, unemployment, child support, or other income ended.	
<input type="checkbox"/> Elementary/Secondary education or Adult Care Expenses Expenses must have occurred in calendar year 2017. Name: _____ Relationship: _____	<input type="checkbox"/> Paid receipts for each family member for whom tuition/fees for private elementary or secondary education, or adult care expenses were paid and; <input type="checkbox"/> 2015 IRS Tax Transcript to verify dependents on taxes <input type="checkbox"/> Signed detailed Statement
Expenses must be for dependents included in your family size on your (FAFSA) for whom tuition/fees were paid for private elementary or secondary education or adult care expenses.	
<input type="checkbox"/> Death of Spouse or Parent if dependent student Must have occurred after application date for FAFSA Name of deceased: _____ Date of Death: ____/____/____ Relationships to student _____	<input type="checkbox"/> Copy of Obituary or Certificate of Death and; <input type="checkbox"/> Copies of 2015 W-2 form(s) and; <input type="checkbox"/> 2015 IRS Tax Transcript and; <input type="checkbox"/> Signed detailed statement

<input type="checkbox"/> One-time Source of Income Source of one-time income payment:: _____ Date one-time payment was received: ___/___/___ Future payments from source: \$ _____ Beginning balance of account, if applicable: \$ _____ Remaining balance on account, if any \$ _____ Examples of one-time source of income: inheritance, moving expense allowance, back-year social security payments, IRA distribution income, or other type of one-time income. One-time gambling income cannot be considered.	<input type="checkbox"/> Copy of 2015 IRS Tax Transcript (for comparison, if not already submitted) and; <input type="checkbox"/> Copy of 2016 IRS Tax Transcript and; <input type="checkbox"/> Copies of 2016 W-2 form(s) <input type="checkbox"/> Proof of income source and beginning and ending balances on account <input type="checkbox"/> Copy of documentation of inheritance, and <input type="checkbox"/> Signed statement detailing income source and what one-time income was used for and any remaining balances
<input type="checkbox"/> Other unusual debt Type/cause of debt _____ Date debt incurred: ___/___/___ Name of debtor: _____ Relationship to student: _____ Balance owed on debt: \$ _____ Monthly payment: \$ _____ Begin and end dates of debt payments: ___/___/___ to ___/___/___ Examples of unusual debt: legal fees for divorce, adoption, education loans Credit card debt cannot be consider.	<input type="checkbox"/> Receipts or a payment summary from the person, company, or agency to whom debt is owed and; <input type="checkbox"/> Documentation of beginning/end dates of payments, current balance on debt and future payments and; <input type="checkbox"/> Copies of 2015 W-2 form(s) and; <input type="checkbox"/> Copy of 2015 IRS Tax Transcript and; <input type="checkbox"/> Signed detailed Statement
<input type="checkbox"/> Request for dependency review You are a dependent student requesting independent status. According to Federal regulations, it is the parents' responsibility first to provide all required information. Parent refusal to contribute to the student's educational costs or provide income information does not meet the criteria for a dependency override.	<input type="checkbox"/> Document to support your situation (Police report, order of protection, homeless shelter); <input type="checkbox"/> Three-letters from professional individuals other than friends or family members who are aware of your situation (letter from high school counselor, outreach center); <input type="checkbox"/> Signed detailed statement
<input type="checkbox"/> Unusually high medical/dental expenses Only the portion of expenses which exceeds 11% of total income will be considered as an unusual circumstance. You may only claim medical/dental expenses for yourself, your spouse and dependents included in your household number on your (FAFSA). Medical/dental expenses were incurred in 2015 by: Name: _____ Relationship: _____ Name: _____ Relationship: _____	<input type="checkbox"/> 2015 IRS Tax Transcript and; <input type="checkbox"/> Signed detailed Statement and; <input type="checkbox"/> Itemized medical/dental expenses in 2015 federal income tax return - Schedule A or; <input type="checkbox"/> If medical/dental expenses were not itemized in 2015 taxes, provide receipts of medical and dental expenses paid by you (not covered by insurance)
<input type="checkbox"/> Change in Marital Status (Separated / Divorced) Date of change in marital status: ___/___/___ Will child support be received by custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date payments will begin ___/___/___ Amount: \$ _____ <input type="checkbox"/> Benefits received from the Department of Economic Security (DES) for your dependents and/or verification of household from the Department of Economic Security (DES), if benefits are currently being received.	<input type="checkbox"/> Legal documentation of change in marital status (divorced, separated status, pending divorce) and; <input type="checkbox"/> Copies of 2015 and 2016 W-2 form(s) and; <input type="checkbox"/> 2015 (for comparison, if not already submitted) and 2016 IRS Tax Transcripts; <input type="checkbox"/> Signed statement detailing situation <input type="checkbox"/> Order of protection or other documents to verify that spouse (parent) is not in the household. <input type="checkbox"/> You and your spouse's (parents') utilities statements and /or rental lease to verify two separate households. Post Office box cannot be considered.

CERTIFICATION: I certify that the information provided on this form is complete and accurate to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information. I understand that, if I do not give proof when asked, this request will not be processed. I understand that providing false information may result in a delay or denial of federal financial aid funding and may subject me to criminal charges.

Student's Signature (Required) Date Parent's Signature (Required for Dependent student) Date

Return form to: NPC Financial Aid Office, PO Box 610, Holbrook, Arizona 86025 or email to: financialaid@npc.edu

PUBLIC NOTICE OF NONDISCRIMINATION: Northland Pioneer College does not discriminate on the basis of race, color, national origin, veteran status, religion, marital status, gender, age or disability in admission or access to, or treatment or employment in its educational programs or activities. District grievance procedures will be followed for compliance with Title IX and Section 504 requirements. The Affirmative Action Compliance Officer is the Director of Human Resources, 2251 E. Navajo Blvd., Holbrook, Arizona 86025, (800) 266-7845. The Section 504 Compliance Officer is the Coordinator of Disability Resource and Access, 1001 W. Deuce of Clubs, Show Low, Arizona 85901, (800) 266-7845. The lack of English language skills will not be a barrier to admission and participation in vocational education programs. Revised 9-12-14