

Return to: CCCC Financial Aid Office PO Box 269 Fort Totten ND 58335 (Phone) 701-766-2370 (Fax) 701-766-1344 Questions? Email: lindsey.onebear@littlehoop.edu

2024-25 Special Circumstance Request – Dependent

Student Name: _

Student ID:

Submitting an appeal does not guarantee an adjustment will be made to your financial aid package.

Special consideration may be available if your family's current financial situation is not accurately reflected by the 2022 tax information reported on your FAFSA. You must submit a signed detailed letter explaining the situation and required documentation as outlined below. All documents must be completed and received before the Special Circumstance Committee will review the request. **Please use black or blue ink.**

Checklist for ALL appeals:

- □ Parent(s) 2023 Federal Tax Return (signed) and Schedules 1-3 (if applicable)
- □ Copy of parent(s) 2023 W2s
- □ Signed letter detailing circumstance
- Parent(s) most recent paystub(s)

Section A: Criteria for Consideration Check all circumstances you would like to be considered and submit required documentation. The documentation listed below is not an inclusive list. Additional information may be requested on a case-by-case basis.

Death of parent
Name of Deceased:Date of death:/
 Copy of Death Certificate or Obituary Copy of parent(s) 2022 Federal Tax Return (signed) and Schedules 1-3 (if applicable) Copy of parent(s) 2022 W2s
Parent divorce/separation
Date of divorce/separation://
Name of parent who will provide more than half of your financial support:
Number in named parent's family: (include student, parent, any other dependent children, and other people living with the parent)
 Copy of Divorce Decree or letter from attorney OR proof of separate residences utility bills, mortgage statements, rental agreement etc. Copy of parent(s) 2022 Federal Tax Return (signed) and Schedules 1-3 (if applicable) Copy of parent(s) 2022 W2s
Parent is retired, unemployed for at least 8 weeks, or has a change in employment resulting in an income reduction
Relationship: Date: //
Unemployment Documentation (if applicable)Documentation of situation
Loss of benefits, such as unemployment, disability, social security, veterans, child support, or alimony
Relationship: Date: //
Documentation of situation
Non-recurring payments received during the FAFSA tax year will not be repeated
Type of Income: Date: //
Documentation of situation

Section B: Income

Complete the Gross Taxed Income and the Untaxed Income sections below for your family's expected income **prior to exemptions, adjustments, or deductions**. Include all estimated income <u>from January 1, 2024 to</u> <u>December 31, 2024</u>.

Please include estimates for the full year.

	If none, enter zero.		
Tc	tal 2024 Gross Taxed Income	Parent 1 Income	Parent 2 Income
1.	Wages, salaries, tips, severance pay	\$	\$
2.	Business or farm income (self-employment)	\$	\$
3.	IRA distributions, pensions, and annuities	\$	\$
4.	Alimony	\$	\$
5.	Unemployment Compensation	\$	\$
6.	Other taxed income (specify)	\$	\$
Total 2024 Gross Taxed Income		\$	\$
Tc	otal 2024 Untaxed Income		
1.	 IRA deductions and payments to self-employed SEP, SIMPLE, and other qualified plans 1040 Schedule 1, total of lines 16 + 20 	\$	\$
2.	Untaxed portion of IRA distributions	\$	\$
3.	 1040 line 4a minus 4b Untaxed portion of pensions and annuities 1040 line 5a minus 5b 	\$	\$
4.	Foreign earned income exclusion1040 Schedule 1, Line 8d	\$	\$

Section C: Signature

I hereby certify that all information contained in this request is true and complete to the best of my knowledge. I understand that all special circumstances are reviewed on a case-by-case basis and the submission/review of this form does not guarantee a change in the student's financial aid eligibility.

Student Signature

Date

Parent Signature

Date

Electronic signatures will not be accepted.