



Nicolet Area Technical College
Financial Aid Office
P.O. Box 518
Rhineland, WI 54501
Phone: 715/365-4423 Toll Free: 800-544-3039
FAX: 715/365-4918

SPECIAL CIRCUMSTANCES FORM FALL 2010 – SPRING 2011

NAME	STUDENT I.D.
PHONE NUMBER	E-MAIL

Do not submit this form unless you have already filed a 2010-2011 Free Application for Federal Student Aid (FAFSA) and received a copy of your results. Financial need is normally based on each of the student or family gross annual incomes for the previous tax year. If your income has recently decreased or you have special financial problems that were not taken into account on your FAFSA, we may be able to reevaluate your financial need based on your adjusted gross income for the 2010 tax-year (January 1, 2010 to December 31, 2010). For dependent students, we consider student and parent incomes. For independent students, we only consider student and spouse income.

We will usually be able to notify you of the outcome of your request in 7-10 business days. If we are able to make adjustments, we will submit corrections to your FAFSA data. It usually takes three to six weeks to complete the correction process. If you qualify for additional aid based on your adjusted financial need, we will award the additional aid when the correction process is complete.

Ineligible Circumstances: We cannot make any adjustments for the following circumstances:

- + Car payments or car insurance
- + Consumer debt (credit cards)
- + Chapter 7 personal bankruptcy
- + Medical insurance premiums
- + Mortgages or rent
- + Home equity, IRA, 403B and 401K loans
- + Parents will not help pay college cost

Instructions:

For the rest of this form, if you are an independent student, you must only provide information for yourself and your spouse (if married). If you are a dependent student, you must provide information for yourself and your parent(s). If you are a dependent student, but think you should be independent, please discuss your situation with the Director of Financial Aid. Some special situations justify a Dependency Appeal.

Change of Income – Part 1:

Will gross 2010 income be less than 2009 income? YES NO

If yes, whose income decreased? (Check all that apply)

Student Student’s Spouse Student’s Mother Student’s Father

If income decreased, tell us why the income decreased and attach all of the required documents.

<input checked="" type="checkbox"/> IF	Reasons (check all that apply)	Required document (see below)
	Unemployment, reduced employment or job change	1 – 10
	Disability (Date of Disability: ____/____/____)	1 – 10
	Retirement	1 – 8
	Separation or divorce	1 – 7
	<input type="radio"/> Death of spouse OR <input type="radio"/> Death of a parent	1 – 7
	Reduced or terminated untaxed income <input checked="" type="checkbox"/> Social Security Benefits, Child Support, or Alimony, etc.	1 – 7
	Received non-recurring income last year <input checked="" type="checkbox"/> IRA or pension withdrawals, inheritance, moving allowances, etc.	1 – 7
	Other: _____	1 – 6 + all relevant documents

Required Documents: (We can not process your request until you submit ALL required documents)

1.	Proof of situation. Examples include: unemployment benefit statement, retirement or termination notice, memo/letter from employer regarding change or reduction in employment, physician’s disability statement, lawyer’s statement regarding separation, court statements regarding divorce or termination of child support, social security benefits termination notice, death certificate or obituary notice.
2.	Complete 2010-2011 Dependent or Independent Verification Worksheet
3.	After filing 2009 Federal Tax Forms, submit W-2 & 1099 forms and signed copies of your 2009 Federal 1040 Tax Forms. Dependent students will submit their parent’s and their tax forms. Independent students will submit their and if applicable, their spouses’ tax forms.
4.	Signed copies of your (student’s) 2009 Federal Tax Returns
5.	Signed copies of your spouse’s 2009 Federal Tax Returns
6.	Signed copies of your parents’ 2009 Federal Tax Returns
7.	2009 W-2 and 1099 statements from all employers for student, parents, (if dependent) and spouse (if married and not separated or divorced)
8.	Final income statement from all previous employers for student, parents, (if dependent) and spouse (if married and not separated or divorced)
9.	Current pay stubs or earnings statements from any and all current employers.
10.	If unemployment benefits were received, statement showing total benefits received.

CHANGES IN INCOME – PART 2: You must complete this section! If you have questions, call the

Financial Aid Office.

Please carefully estimate your gross income and benefits for all of 2010 from January 1, to December 31, 2010. (Gross means before any deductions.)

INCOME	STUDENT	SPOUSE (if married)	PARENT (if dependent)
Gross wages, salaries, tips & severance pay	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Alimony/Support (mandated or voluntary)	\$	\$	\$
Child Support Received	\$	\$	\$
Social Security Benefits	\$	\$	\$
Report other untaxed income or benefits such as workers' compensation; disability,; veteran's non-education benefits; or housing, food, and other living allowances provided to members of the military, clergy, & others:			
BENEFIT	STUDENT	SPOUSE	PARENT
	\$	\$	\$
	\$	\$	\$
*If you or your parents are recently separated or divorced, do not include the former spouse's income or benefits.			

SPECIAL EXPENSES

Unusually high medical or dental expenses NOT covered by insurance:

Please discuss your situation with our office before you start collecting the required documents. We can only make adjustments for these expenses if they are greater than the standard estimates assigned by the federal formula. If your expenses are greater than the standard allotment, we can add the extra expenses, to your cost of attendance. We can only consider expenses that will not be covered by insurance. Please provide the following information and documentation:

1. Total medical and dental insurance costs paid by you for 2010: \$ _____
2. Total medical and dental expenses not covered by insurance for 2010: \$ _____
3. Submit documents 2-4 for Page 2. If you itemized your medical expenses, Submit a copy of your 2010 Federal Tax Schedule A. If you didn't itemize, Submit a copy of receipts or billing statements for insurance costs and Other medical and dental expenses.

ALL STUDENTS:

Please write a brief summary of your special circumstances. Please include approximate dates when changes occurred. Also, please include the calculations you did to determine your projected wages, salary, & tips for 2010.

	
STUDENT SIGNATURE	DATE

FOR OFFICE USE ONLY	
COMMENTS: _____ _____ _____ _____	
DATE	ACTION
	<input type="radio"/> APPROVED <input type="radio"/> DENIED _____ Director of Financial Aid
	<input type="checkbox"/> Made Corrections <input type="checkbox"/> Student Aid Report (SAR) <input type="checkbox"/> On-line FAFSA
	<input type="checkbox"/> Received corrected Student Aid Report
	<input type="checkbox"/> Reviewed/revised Awards