This form is used primarily by students and parents who feel that they may have special circumstances which are not reflected on or occurred since filing the 2016-2017 Free Application for Federal Student Aid (FAFSA). Please complete all sections that apply to your circumstances.

Section A

The 2016-2017 FAFSA that I recently completed does not reflect my family's true circumstances for the following reason(s):

____ Loss of job/change of income for (circle one): Parent 1 (father/mother/stepparent) Parent 2 (father/mother/stepparent)
____ Loss of job/change of income for (circle one): yourself (student)/ spouse
____ Medical/Dental expenses
____ Divorce in family (circle one): yourself/ parents  Make sure to complete Sections B, D and E for custodial parent.

Section B

If loss of job or change in income is for Parent 1 (father/mother/stepparent) and/or Parent 2 (father/mother/stepparent), please complete the following:

The date of loss of employment _______
2016 projected earnings for the year for Parent 1 _______
2016 projected earnings for the year for your spouse _______
All other taxable income (e.g. interest income, severance pay, unemployment compensation, disability, etc) _______
Projected nontaxable income (e.g. child support, etc) _______
Disbursement of retirement funds _______

If loss of job or change in income is for yourself (student)/ spouse, please complete the following:

The date of the loss of employment _______
2016 projected earnings for the year for you _______
2016 projected earnings for the year for your spouse _______
All other taxable income (e.g. interest income, severance pay, unemployment compensation, disability, etc) _______
Projected nontaxable income (e.g. child support, etc) _______
Disbursement of retirement funds _______

(over)
Section C

If medical/dental expenses, please complete the following:

Out of pocket medical/dental expenses paid for the household for 2015 _______
Out of pocket medical/dental expenses paid for insurance premiums in 2015 _______
Any out of pocket medical/dental expenses your family expects to pay in 2016. Please estimate the dollar amount. _______

Section D

There has been a divorce/separation in the family:

The custodial parent must submit a signed copy of his/her 2015 Federal Tax Transcript and his/her W-2

Date of separation/divorce _______________________
The custodial parent is now (circle one): mother/father
Name of custodial parent _______________________
Indicate the number of family members now in the household _______
Indicate the number of family members now in college (exclude parent in college) _______

Section E

Please explain in detail the circumstance(s) listed above:

Please sign and date this form in order to attest to the above information.

____________________________ ____________________
Signature Date

So that we may contact you if we have any questions about your information, please provide:

Daytime Phone ___________________ Email Address _______________________________

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NOTE: This information will be included in your file and will be considered when your eligibility is determined. All notifications will be in the form of an email to the student’s University email address. If the Assistant Director reviewing your aid has more specific questions, he/she will contact you. If you need to include any additional information or forms, please attach them to this form.

If you would like to speak to someone about your circumstances, please call the office at (603) 862-3600 to schedule an appointment.

Please return this form to: Financial Aid Office
Stoke Hall
11 Garrison Ave.
Durham, NH 03824
Fax: 603-862-1947
Email:financial.aid@unh.edu