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 2017-2018 Free Application for Federal Student Aid (FAFSA). Please complete all sections that apply to your circumstances.

Section A

The 2017-2018 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 following estimated income is for the 2016 or 2017 tax year (please circle one)

The date of loss of employment/change of income ________
Projected earnings for the year for Parent 1 ________
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 ________
All payments from non-custodial parent not included above ________

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

The date of the loss of employment ________
Projected earnings for the year for you ________
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 2016 __________
Out of pocket medical/dental expenses paid for insurance premiums in 2016 __________
Any out of pocket medical/dental expenses your family expects to pay in 2017 (incl premiums). 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) _______
Complete Sections B, D and E

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