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 2015-2016 Free Application for Federal Student Aid (FAFSA). Please complete both Section A and B.

Section A

The 2015-2016 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

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 the loss of employment
- 2015 projected earnings for the year for Parent 1
- 2015 projected earnings for the year for Parent 2
- 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
- 2015 projected earnings for the year for you
- 2015 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)
If medical/dental expenses, please complete the following:

Out of pocket medical/dental expenses paid for the household for 2014
Out of pocket medical/dental expenses paid for insurance premiums in 2014
Any out of pocket medical/dental expenses your family expects to pay in 2015. Please estimate the dollar amount.

There has been a divorce/separation in the family:
The custodial parent must submit a signed copy of his/her 2014 Federal Tax Transcript and his/her W-2

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 B

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

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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