



SPECIAL CIRCUMSTANCES FORM 2020-2021 ACADEMIC YEAR

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 2020-2021 Free Application for Federal Student Aid (FAFSA).

Student's Last Name	First Name	Middle Name	Student's ID Number or Last 4 Digits of SSN
Mailing Address			Phone Number

COMPLETE ALL SECTIONS THAT APPLY TO YOUR CIRCUMSTANCES

Please check the reason(s) for the change in income from actual 2018 to actual 2019 income.

- Loss of job/change of income for (step) mother/(step) father
- Loss of job/change of income for student or spouse
- Loss of "one time" income (e.g. inheritance, back pay from social security, rollover to IRA/pension)
- Other - describe in the cover letter
(Other: Medical or Dental expenses; Divorce/Separation in family for student or parents; Death of parent/spouse; Disability of student/parent/spouse or Loss of child support or alimony)

Please submit a typed, signed and detailed explanation for the circumstance(s) listed above.

The letter should include, but is not limited to, the following:

- Your name, student ID number and current date
 - An explanation of what has resulted in a loss of income, include start dates and end dates if applicable.
 - Describe your current financial situation – include dollar amounts for loss of income, projected income for current year, include dates and any other pertinent information.

If loss of job or change in income please complete the following section

The date of the loss of employment _____

2020 projected gross earnings for the year for (step) father _____

2020 projected gross earnings for the year for (step) mother _____

2020 projected gross earnings for the year for student _____

2020 projected gross earnings for the year for spouse _____

All other taxable income (e.g. interest income, severance pay, unemployment compensation, disability, etc.) _____

Projected nontaxable income (e.g. child support, social security, etc.) _____

Disbursement of retirement fund _____

CERTIFICATION: ALL PARTIES INVOLVED MUST SIGN AND DATE THIS FORM

All information on this form is true and complete to the best of my knowledge. I agree to provide any documentation needed to verify special circumstances.

Student Signature (and Spouse, if applicable) Date	Parent Signature (for Dependent Student) Date
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Send your letter and this Special Circumstances Form to the
LRCC-Financial Aid Office, 379 Belmont Road, Laconia, NH 03246