

INSTRUCTIONS: This form is to assist you in reporting financial circumstances of you and/or your family that have occurred after completing the application for financial aid (FAFSA), if the circumstances will in some way limit the ability of you and/or your parents to contribute toward your 2023-2024 college costs.

Please review the “special circumstances” specified below and on Page 2. If one or more of the circumstances applies, check the appropriate box(es), complete the specified items on the form, and attach any documents and/or information requested in the third column. Return the completed form, plus attachments, to the Financial Aid Office, NDSCS, 800 6th Street North, Wahpeton, ND 58076-0002. (Call us toll free at 1-800-342-4325, ext. 3-2207 or locally at 671-2207 if you have questions.)

ALL STUDENTS/PARENT(S) must provide documents/information as directed in the third column. NO PROCESSING WILL TAKE PLACE WITHOUT PROPER DOCUMENTATION.

IMPORTANT: All attachments (letters of explanation, etc.) must be dated, signed and reflect the name and social security number of the student.

Student’s name _____ SSN / NAID # _____

Phone number _____ Cell Phone # _____

SPECIAL CIRCUMSTANCE	DEPENDENT STUDENT	INDEPENDENT STUDENT	ALL STUDENTS
<i>A. Loss of employment</i>	<input type="checkbox"/> A parent who earned money in 2021 and lost his/her job for at least 10 weeks in 2022 or 2023	<input type="checkbox"/> You worked full-time (at least 35 hours/week) for at least 30 weeks in 2021, but are not working full-time now. <p style="text-align: center;">OR</p> Your spouse earned money in 2021, but lost his/her job for at least 10 weeks in 2022 or 2023.	On back page of form, specify: <ol style="list-style-type: none"> 1. Date employment was terminated; 2. Dates of full-time employment during 2022-2023; 3. Reason for loss of employment; 4. Name, address, and telephone number of employer(s)
<i>B. Loss or reduction of income or benefits</i>	<input type="checkbox"/> A parent who received income or benefits in 2021 but had this income/benefit reduced or terminated during 2022 or 2023. (Ex: Social Security, child support, disability or unemployment benefits, retirement income, etc.)	<input type="checkbox"/> You (or your spouse) received income or benefits in 2021 but had this income/benefit reduced or terminated during 2022 or 2023. (Ex: Social Security, child support, disability or unemployment benefits, retirement income, etc.)	On back page of form, specify: <ol style="list-style-type: none"> 1. Type of income or benefit; 2. Amount \$ received during 2021, 2022 & 2023; 3. Reason for the termination or reduction.
<i>C. Loss or reduction of income or benefits of dependent student</i>	<input type="checkbox"/> You (the student) had income or benefits in 2021 that were reduced or terminated in 2022 or 2023.		On Back page of form, specify: <ol style="list-style-type: none"> 1. Type of income or benefit; 2. Amount \$ received during 2021, 2022 & 2023; 3. Reason for termination or reduction.

(More special circumstances on next page.)

No processing will take place without proper documentation.

SPECIAL CIRCUMSTANCE	DEPENDENT STUDENT	INDEPENDENT STUDENT	ALL STUDENTS
D. Separation or divorce	<input type="checkbox"/> Your parents have separated or gotten divorced after you've applied for Federal Financial Aid.	<input type="checkbox"/> You and your spouse have separated or gotten divorced after you've applied for Federal Financial Aid.	Verification from disinterested party of address for separated or divorced. Date of separation or divorce. Important: Official documentation of separation/divorce must accompany this form.
E. Death	<input type="checkbox"/> A parent has died after you've applied for Federal Financial Aid.	<input type="checkbox"/> Your spouse has died after you applied for Federal Financial Aid.	Name of deceased, date of death and relationship to student: _____ _____ (A copy of death certificate must accompany this form.)
F. Liquidation/ foreclosure	<input type="checkbox"/> A parent has filed bankruptcy or gone through foreclosure since you applied for financial aid.	<input type="checkbox"/> You have filed bankruptcy or gone through foreclosure since you applied for financial aid.	Provide details on back page of form. Official documentation of bankruptcy/foreclosure must also be provided.
G. Unusual debt or expenses	<input type="checkbox"/> Student's family incurred unusual debt or expense during 2021, 2022 or 2023 that has created financial hardship. (Ex: medical, dental, support of non-family member, elementary and secondary school tuition, child care, etc.)	<input type="checkbox"/> Student/spouse incurred unusual debt or expense during 2021, 2022 or 2023 that has created financial hardship. (Ex: medical, dental, support of non-family member, elementary and secondary school tuition, child care, etc.)	On back page of form, specify: 1. description of debt or expense; 2. total amount of debt or expense; 3. explanation of hardship Important: Documents supporting this expense or debt must accompany this form.
H. Other	<input type="checkbox"/> You have a circumstance which you would like to have reviewed by a Financial Aid Administrator. Please explain the circumstance and the reason on the last page of this form.	<input type="checkbox"/> You have a circumstance which you would like to have reviewed by a Financial Aid Administrator. Please explain the circumstance and the reason on the last page of this form.	Please be as specific as possible in describing any change in your financial circumstances and explain how it has affected your efforts to contribute to your education.

Household information (Complete only if your circumstance pertained to separation or divorce.)

List your family members and the college they will be attending. For **dependent** students, list yourself, your parents, and your parents' other dependent children, as well as any other person who lives with your parents and is dependent on them. If you are an **independent** student, list yourself, your spouse, and any children for whom you pay more than half of their support.

Name	Age	Relation to you, the student	Attending what college and where
1.		STUDENT	
2.			
3.			
4.			
5.			
6.			

List any additional household members on a separate sheet of paper.

Expected 2023 Income and Benefits or Actual 2022 Income and Benefits

Circle the appropriate year.

2022 or 2023 Income earned from work\$ _____	Student/Spouse	Parent
	.00	student	father

Circle the appropriate year.

2022 or 2023 Income earned from work\$ _____	Spouse	Mother
	.00	spouse	mother

Other Taxable Income/Benefits

Interest/Dividends	\$ _____		\$ _____
	.00		.00
Alimony	\$ _____		\$ _____
	.00		.00
Capital Gains	\$ _____		\$ _____
	.00		.00
Pensions	\$ _____		\$ _____
	.00		.00
Unemployment Compensation	\$ _____		\$ _____
	.00		.00
Veteran Benefits	\$ _____		\$ _____
	.00		.00
Other (list)	\$ _____		\$ _____
	.00		.00

Expected Untaxed Income/Benefits

Social Security	\$ _____		\$ _____
	.00		.00
AFDC	\$ _____		\$ _____
	.00		.00
Child Support	\$ _____		\$ _____
	.00		.00
Worker's Compensation	\$ _____		\$ _____
	.00		.00
Military Benefits	\$ _____		\$ _____
	.00		.00
Other	\$ _____		\$ _____
	.00		.00

Asset Information (As of today)

Cash, Savings and Checking Account Balance.....	\$ _____		\$ _____
	.00		.00
Investments, Businesses, Farm (if rented out)	\$ _____		\$ _____
	.00		.00

(Do not include the value of your home or your farm if you actively farm it.)

Certification Statement (All students must complete.)

WARNING: If you purposely give false or misleading information on this form, you may be subject to a \$10,000 fine, a prison sentence or both.

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my federal income tax return. I also realize that if I do not give proof when asked, I may not receive financial assistance.

_____	_____	_____	_____
Student Signature	Date	Parent Signature (father or mother - only one required)	Date

_____	_____
Spouse Signature (if student is married)	Date

Documentation (No processing will take place without sufficient data or proper documentation.)

No processing will take place without sufficient data or proper documentation.