



ENTERPRISE STATE COMMUNITY COLLEGE

Special Circumstances Request Due to Income Reduction

Name _____ Student ID Number (A) _____
 Date of Birth _____ Email Address _____
 Phone Number _____
 Street Address _____
 City _____ State _____ Zip _____

- Will your income and/or spouse or parent's income be less this year than last year?
 - Yes
 - No
- Please check the appropriate reason why income has reduced:
 - A. Unemployment or change in employment
 - B. Death of spouse or parent
 - C. One-time income (examples: inheritance, moving expense allowance, prior-year Social Security payments, or IRA/pension distribution)
 - D. Divorce/separation
 - E. Disability student/spouse/parent
 - F. Other _____
- Please provide a written or typed explanation describing what happened. Include the date the situation changed and why. For example, if loss of job, explain where you worked, when you worked, and if you are eligible for unemployment, when you became eligible and how much you will receive. (Attach copies of documents supporting your explanation.)
- If 2C is checked above, identify the source of income and how funds were spent or invested.
- Please complete the following anticipated income information for one year period beginning from the date your circumstances changed: _____ (date) (Attach copies of current signed income tax returns for student/spouse or student/parent and copies of unemployment documentation).
 If you or your parents are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to death of your spouse or parent, give only your information of the surviving parent.

Anticipated 12 Month Income Beginning: _____	Student/Spouse	Parent
Wages, salaries, tips, and any income from work		
Severance pay, unemployment compensation, TRA, etc.		
Disability payments		
Other taxable income (Source: _____)		
Untaxed Social Security benefits		
Aid to Families with dependent Children (AFDC)		
Child support received		
Other untaxed income (Source: _____)		
TOTAL ANTICIPATED INCOME		

By signing this form, I certify that all information and documentation is accurate and true. I understand that misrepresentation of information may result in repayment of federal and state financial aid received.

Student Signature _____ Date _____