



NORTHEAST

MISSISSIPPI COMMUNITY COLLEGE

PARENT SPECIAL CIRCUMSTANCES

(for completion by parents only)

For loss of income due to unemployment the period of unemployment must generally be at least 10 weeks before your request will be considered.

Instructions: According to federal laws and regulations, a family's FASFA income, used to assess financial need for the academic year, is drawn from two years prior, also known as "prior-prior year". If a family's previous or current years income is lower due to special circumstances, a Financial Aid Administrator may be able to use the prior or current year's income to assess financial need. Please provide information regarding you reduction in income by completing this form.

Student's Name _____ Student's Social Security Number _____
Last First M.I.
Student's Address _____ City _____
State _____ Zip Code _____ Telephone Number _____

1. Indicate the reason(s) for your reduction in income, complete all required sections and attach any required documentation.
2. Write a brief summary of your special circumstances on page 5 and complete the signature requirements.
3. You must return your completed special circumstance form and all required documentation to the NEMCC Financial Aid Office. Your special circumstance request will not be considered unless you provide adequate, appropriate documentation. Mail or fax documentation to:

NEMCC Financial Aid Office
101 Cunningham Boulevard
Booneville, MS 38829
Fax Number 662-720-7232

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Prior year special circumstances: Yes _____ No _____
Not eligible for special circumstances _____
Special circumstances denied _____
Special circumstances approved _____
Old EFC _____
New EFC _____

Comments: _____

Please indicate the reason for your and/or spouse's change in income. Mark all that apply and attach the required documentation. Attach copies of last payroll check stubs for your parents, if applicable.

Period of unemployment from _____ to _____

_____ **Layoff**—Provide a letter from employer stating effective date and anticipated return.

_____ **Plant Closing**—Provide a letter from employer stating effective date.

_____ **Termination**—Provide a letter from employer stating effective date.

If this is not available, provide documentation from local unemployment office.

_____ **Disability**—Date of disability (mmddyyyy) _____

Attach documentation of disability

_____ **Quit or reduced employment to attend school.**

Provide a letter from employer stating effective date.

_____ **Other**—Please specify and provide appropriate documentation _____

Loss of Taxable Income

_____ **Alimony**—Provide court documentation(s) stating termination date of benefits.

_____ **Death of Parent** since Federal application of student aid was filed—Provide Death Certificate.

_____ **Unemployment**—Provide a letter from the unemployment office stating termination date of benefits.

_____ **Other**—Please specify and provide appropriate documentation _____

Loss of Untaxed Income

_____ **Social Security**—Provide Social Security Administration notification of termination of benefits.

_____ **Child Support**—Provide a letter or court document stating termination date of benefits.

_____ **Worker's Compensation**—Provide a letter from Bureau of Worker's compensation stating termination date of benefits.

_____ **Other**—Please specify and provide appropriate documentation _____

Other

_____ **One-time Income** (i.e. inheritance, moving expense allowance, back year social security payment, or lump sum retirements or IRA distribution). You must attach a separate sheet that identifies source of income and how funds were spent or invested.

_____ **Medical or Dental Expenses** You have paid medical or dental expenses for the previous or current calendar year that are not covered by insurance and these expenses exceed 10% of your income. Provide a copy of Schedule A of most current federal tax returns or copies of canceled checks for that time period and confirmation of total amount paid by insurance in the same time period.

_____ **Elementary and Secondary Education Paid.** You have paid for elementary, junior high and/or high school tuition in the current calendar year for dependents in your family (Not to exceed \$4000 per child). Provide a letter from school stating amount you have paid for tuition for the current Fall and Spring semesters.

Current Income Information

Report all income you have actually received from January 1, of the current year through today. Then estimate all income you expect to receive through December 31, of the current year. **YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.** Documentation could include recent pay stubs with year-to-date earnings, W-2 form, a letter from an employer stating your earnings, an estimate of future income, etc. You must provide a copy of your most recent completed federal tax return.

Income for January 01, to December 31, of the current academic year.	Actual 1/01-Today	Estimated Today-12/31	Total
Expected income earned from work by parent and spouse/partner (wages, salaries, tips, net business/farm income)			
Other taxable income(dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.)			
Social Security Benefits			
Aid to Families with Dependent Children (AFDC/ADC of TANF)			
Child Support Received			
Other untaxed income(earned income credit, welfare benefits, workers comp, payments to IRA/Keogh, etc.)			
Total Income for current academic year			

Current Asset Information

Current amount of cash, savings, and Checking
(not including any past financial aid) \$ _____

Current value of your real estate/investments
(other than home) \$ _____

Current debt on your real estate/investment
(other than home) \$ _____

Current value of your farm/business \$ _____

Current debt on your farm/business \$ _____

Do you materially participate in the operation
Of the farm/business Yes _____ No _____

Household Information

Name	Relationship to Student	Name of College

If you need additional space to list family member, use back of this page.

Certification

I certify that the information provided is true and complete to the best of my knowledge. I understand that the penalty for providing false or misleading information is a \$10,000 fine, a prison sentence, or both. I agree to provide proof of the information that I have given on this form if asked by the Office of Financial Aid. I also realize that if I do not provide proof when asked I (the student), will not receive special circumstances consideration.

Parent's Signature

Date

