

SOUTH MOUNTAIN COMMUNITY COLLEGE

2016-17 SPECIAL CIRCUMSTANCES: PARENT (Professional Judgment)

STUDENT NAME (Please Print Clearly)	STUDENT I.D. NUMBER	XXX - XX - Last Four of SSN
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ADDRESS	ZIP	PHONE
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The **2016-2017** financial aid awards are based on **2015** calendar year income and resources. In some cases, circumstances may arise that warrant using a more recent twelve month time period for the purpose of assessing your ability to finance your education. If your income has decreased or if there are unusual expenses (job loss*, medical, private school expenses, or other unexpected expenses, etc.) in the **20154 calendar year**, it may be possible for the Student Financial Aid Office to amend your financial aid eligibility. This process has been provided to allow you to present information that will allow us to review and recalculate your FSA (Federal Student Aid) eligibility, which will more accurately reflect your current income situation. **Please Note:** Information you provide will be submitted to the Department of Education on your behalf. Results must be used to adjust aid amounts *even if it is less than originally awarded*.

As of the date received, please allow approximately **3 weeks for processing**. This time may vary depending on the time of year. **Note: For loss of income, submit after August 1st.**

Section 1. PARENT(S), PLEASE EXPLAIN THE REASON FOR THE REDUCTION OF YOUR RESOURCES OR FOR EXTENUATING EXPENSES YOU MAY HAVE INCURRED. Please print clearly.
Attach documentation to substantiate reasons listed (i.e. termination letter, unemployment statement, tuition payment etc...). Additional information can be typed on a separate page.

PROJECTED INCOME/RESOURCES FOR PARENT(S). Please document your income for the **12- month** periods below. **DO NOT LEAVE BLANKS.** Enter **zero** if not applicable.

	CALENDAR YEAR INCOME
	JANUARY 2016- DECEMBER 2016
Income earned from work by father: (attach last 3 pay stubs)	\$
Income earned from work by mother: (attach last 3 pay stubs)	\$
Other taxable income & benefits*: (attach copy of benefits statement)	\$
Medical/dental expenses or other unusual expenses minus insurance (please explain in Section 1 above and/or attach copies of receipts):	\$
Private elementary, Jr., and/or Sr. High School Tuition minus scholarship(s):	\$
Amount of tuition paid for parents(s) attending college at least six credits or more during January 2015 through December 2015. ** Provide a copy of paid schedule.	\$

*OTHER TAXABLE INCOME: interest/dividend income, rental income, unemployment etc.
 **Documentation for parent tuition must be in the form of a bill from the Bursar's/Cashier's Office.

CERTIFICATION: I/We certify the submitted information is true and correct to the best of my knowledge. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or in future years.

Father Signature	Date	Mother Signature	Date
		Student Signature	Date

SOUTH MOUNTAIN COMMUNITY COLLEGE

2016-17 SPECIAL CIRCUMSTANCES: STUDENT (Professional Judgment)

		XXX - XX -
STUDENT NAME (Please Print Clearly)	I.D. NUMBER	Last Four of SSN
ADDRESS	ZIP	PHONE

The **2016-2017** financial aid awards are based on **2015** calendar year income and resources. In some cases, circumstances may arise that warrant using a more recent twelve month time period for the purpose of assessing your ability to finance your education. If your income has decreased or if there are unusual expenses (job loss*, medical, private school expenses, or other unexpected expenses, etc.) in the **2015 calendar year**, it may be possible for the Student Financial Aid Office to amend your financial aid eligibility. This process has been provided to allow you to present information that will allow us to review and recalculate your FSA (Federal Student Aid) eligibility, which will more accurately reflect your current income situation. **Please Note:** Information you provide will be submitted to the Department of Education on your behalf. Results must be used to adjust aid amounts *even if it is less than originally awarded*.

As of the date received, please allow approximately **3 weeks for processing**. This time may vary depending on the time of year.
Note: For loss of income, submit after August 1st.

Section 1. STUDENT, PLEASE EXPLAIN THE REASONS FOR THE REDUCTION OF YOUR RESOURCES OR FOR EXTENUATING EXPENSES YOU MAY HAVE INCURRED. Please print clearly.
Attach documentation to substantiate reasons listed (i.e. termination letter, unemployment statement, tuition payment etc...). Additional information can be typed on a separate page.

PROJECTED INCOME/RESOURCES FOR STUDENT AND SPOUSE (if applicable). Please document your income for the **12-month** time period below. **DO NOT LEAVE BLANKS.** Enter **zero** if not applicable.

	CALENDAR YEAR INCOME
	JANUARY 2016- DECEMBER 2017
Income earned from work by student: (attach last 3 pay stubs)	\$
Income earned from work by spouse: (attach last 3 pay stubs)	\$
Other taxable income & benefits*: (attach benefits statement)	\$
Veterans Educational Benefits (attach benefits statement)	\$
Private elementary, Jr., and/or Sr. High School Tuition minus scholarship(s):	\$

*OTHER TAXABLE INCOME: interest/dividend income, rental income, unemployment etc.

CERTIFICATION: I certify the submitted information is true and correct to the best of my knowledge. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or in future years.

Student Signature	Date	Spouse Signature	Date
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