



2024-2025 Special Circumstances

Student Name _____ Student ID# _____

Phone Number _____ Email: _____

Instructions: This form is to assist you in reporting a change in financial circumstances of you and/or your family that occurred after completing the FAFSA (application for financial aid), if the circumstances will in some way limit the ability of you and/or parents to contribute toward your 2024-2025 college costs. **Forms must be turned in 45 days before the end of fall/spring semester and 20 days before the end of summer semester.**

Please review the “special circumstances” listed on this form. If one or more of the circumstances applies, check the appropriate box(es), complete the specified items on the forms, and attach any documents and/or information requested in the third column. **Return the completed form plus attachments to DCB, Financial Aid office, 105 Simrall Blvd, Bottineau, ND, 58318 or if by email, please request a secure email link from our office at 701/228-5427 or by email at fa@dakotacollege.edu.**

Important: All documents provided must be signed, dated and reflect the name of the student.

Special Circumstance	Dependent Student	Independent Student	Documents Required
<p><i>Loss of Employment</i> <input type="checkbox"/></p>	<p><input type="checkbox"/> A parent who earned money in 2022 has lost their job for at least 10 weeks in 2023 or 2024.</p>	<p><input type="checkbox"/> You worked full-time for at least 30 weeks in 2022 but are now not working full-time.</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Your spouse earned money in 2022 but has lost their job for at least 10 weeks in 2023 or 2024.</p>	<p>In the explanation/documentation section of this form or a separate sheet, specify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Date employment was terminated. <input type="checkbox"/> Dates of full-time employment during 2023 and 2024. <input type="checkbox"/> Reason for loss of employment. <input type="checkbox"/> Name, address, telephone, and number of employer(s)
<p><i>Loss or reduction of income or benefits</i> <input type="checkbox"/></p>	<p><input type="checkbox"/> A parent who received income or benefits in 2022 but had this income/benefit reduced or terminated during 2023 or 2024. (i.e., Social Security, child support, disability, unemployment benefits, etc.)</p> <p><input type="checkbox"/> You (the student) had income or benefits in 2022 that were reduced or terminated during 2023 or 2024.</p>	<p><input type="checkbox"/> You (or your spouse) received income or benefits in 2022 but had this income/benefit reduced or terminated during 2023 or 2024. (i.e., Social Security, child support, disability, unemployment benefits, etc.)</p>	<p>In the explanation/documentation section of this form or a separate sheet, specify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Type of income or benefit. <input type="checkbox"/> Amounts received during 2022, 2023 & 2024. <input type="checkbox"/> Reason for the termination or reduction. <input type="checkbox"/> Letter showing the change in dollar amount and date.

Special Circumstance	Dependent Student	Independent Student	Documents Required
<i>Separation or divorce</i>	<input type="checkbox"/> Your parents have separated or divorced after you submitted the FAFSA.	<input type="checkbox"/> You and your spouse have separated or divorced after you submitted the FAFSA.	<ul style="list-style-type: none"> ○ Date of separation or divorce. ○ Copy of 2022 federal tax return and W2's. <p>Important: Official documentation of separation/divorce must accompany this form</p>
<i>Death</i>	<input type="checkbox"/> A parent has died after you submitted the FAFSA.	<input type="checkbox"/> Your spouse has died after you submitted the FAFSA.	<p>Name of deceased, date of death, relationship to the student.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Important: A copy of the death certificate or obituary must accompany this form.</p>
<i>Unusual debt or expense</i>	<input type="checkbox"/> A parent incurred unusual debt or expenses during 2022, 2023, or 2024 that has created financial hardship. (i.e., medical, support of non-family member, elementary or secondary school tuition, childcare, etc.)	<input type="checkbox"/> You (or your spouse) incurred unusual debt or expenses during 2022, 2023, or 2024 that has created financial hardship (i.e., medical, support of non-family member, elementary or secondary school tuition, childcare, etc.)	<p>On the back page of this form or a separate sheet specify:</p> <ul style="list-style-type: none"> ○ Description of debt or expense. ○ Total amount of debt or expense. ○ Explanation of hardship. <p>Important: Documentation supporting this debt or expense must also be provided.</p>
<i>Other</i>	<input type="checkbox"/> You or your family have a circumstance which you would like to have reviewed by the Financial Aid office. Please explain the circumstance and the reason on the back page of this form or separate sheet.		<p>Please be as specific as possible in describing any changes in your financial circumstances and explain how it has affected you or your family's ability to contribute to your education.</p>

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 parent(s) and your parents' other dependent children, as well as any other person who lives with your parent(s) and is dependent on them. If you are an **independent** student, list yourself, your spouse, and any children or dependent for whom you pay more than half of their support.

Name	Age	Relation to you, the student	Attending college and location
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1		Student	
2			
3			
4			
5			
6			

List any additional household members on a separate sheet of paper or in the explanation/documentation section.

Explanation/Documentation:

Expected 2024 Income and Benefits or Actual 2023 Income and

Benefits Mark the appropriate year:

O 2023 Actual income earned from work:

\$ _____ .00 Student

\$ _____ .00 Parent 1

\$ _____ .00 Spouse

\$ _____ .00 Parent 2

O 2024 Expected income earned from work:

\$ _____ .00 Parent 1

\$ _____ .00 Student

\$ _____ .00 Parent 2

\$ _____ ~~Other Taxable Income/Benefits~~ ^{Spouse}

Student/Spouse Parent

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
Works Compensation.....	\$ _____ .00	\$ _____ .00
Military Benefits.....	\$ _____ .00	\$ _____ .00
Other (list).....	\$ _____ .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)

I understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties. All the information provided by the undersigned is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information 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

Date

Spouse Signature

Date