

2022-2023 Dakota College at Bottineau Special Circumstances Form

Student Name	Student ID#		
Phone Number	Email:		
your family that occurred after completing the	orting a change in financial circumstances of you and/or FAFSA (application for financial aid), if the circumstances r parents to contribute toward your 2022-2023 college		
Please review the "special circumstances" liste	d on this form. If one or more of the circumstances		

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 701/228-5469 or by email at <u>fa@dakotacollege.edu</u>.

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

Special Circumstance	Dependent Student		Independent Student	Documents Required	
Loss of Employment	A parent who earned money in 2020 has lost their job for at least 10 weeks in 2021 or 2022.		You worked full-time for at least 30 weeks in 2020 but are now not working full-time. Or Your spouse earned money in 2020 but has lost their job for at least 10 weeks in 2021 or 2022.	 In the explanation/documentation section of this form or a separate sheet, specify: Date employment was terminated. Dates of full-time employment during 2021 and 2022. Reason for loss of employment. Name, address, telephone, and number of employer(s) 	
Loss or reduction of income or benefits	A parent who received income or benefits in 2020 but had this income/benefit reduced or terminated during 2021 or 2022. (i.e., Social Security, child support, disability, unemployment benefits, etc.)		You (or your spouse) received income or benefits in 2020 but had this income/benefit reduced or terminated during 2021 or 2022. (i.e., Social Security, child support, disability, unemployment benefits, etc.)	 In the explanation/documentation section of this form or a separate sheet, specify: Type of income or benefit. Amounts received during 2020, 2021 & 2022. Reason for the termination or reduction. Letter showing the change in 	
	You (the student) had income or benefits in 2020 that were reduced or terminated during 2021 or 2022.			dollar amount and date.	

Special Circumstance		Dependent Student		Independent Student	Documents Required	
Separation or divorce		Your parents have separated or divorced <u>after</u> you submitted the FAFSA.		You and your spouse have separated or divorced <u>after</u> you submitted the FAFSA.	 Date of separation or divorce. Copy of 2020 federal tax return and W2's. Important: Official documentation of separation/divorce must accompany this form 	
Death		A parent has died <u>after</u> you submitted the FAFSA.		Y our spouse has died	Name of deceased, date of death, relationship to the student.	
					Important: A copy of the death certificate or obituary must accompany this form.	
Liquidation/ foreclosure		A parent has filed bankruptcy or gone through foreclosure <u>after</u> you submitted your FAFSA.		You (or your spouse) have filed bankruptcy or gone through foreclosure <u>after</u> you submitted your FAFSA.	On the back page of this form or a separate sheet provide details of the bankruptcy or foreclosure. Important: Official documentation of the bankruptcy/foreclosure must also be provided.	
Unusual debt or expense		A parent incurred unusual debt or expenses during 2020, 2021, or 2022 that has created financial hardship. (i.e., medical, support of non-family member, elementary or secondary school tuition, childcare, etc.)		You (or your spouse) incurred unusual debt or expenses during 2020, 2021, or 2022 that has created financial hardship (i.e., medical, support of non-family member, elementary or secondary school tuition, childcare, etc.)	 Explanation of hardship. Important: Documentation supporting this debt or expense 	
Other		You or your family have would like to have review Please explain the circum back page of this form or	ved b nstanc	y the Financial Aid office. ce and the reason on the	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.	

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

List your family members and the college they will be attending. For <u>dependent</u> 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 <u>independent</u> 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	
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 2022 Income and Denents of Actua	Student/Spouse	Parent
Mark the appropriate year:		
● 2021 ○ 2022 Income earned from work	\$00 Student	\$00 Parent 1
© 2021 © 2022 Income earned from work	\$00 Spouse	\$00 Parent 2
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	¢ 00	¢ 00
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) (Do not include the value of your home or your farm if you actively farm		\$00
(Do not metude the value of your nome of your failt if you actively failt		

Expected 2022 Income and Benefits or Actual 2021 Income and Benefits

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