



Financial Aid Office

505 Amherst Street Nashua, NH 03063
Office hours M-Th:8:00am-6:00pm and Fri:8:00am-4:30pm
Tel: (603) 578-8903 Fax: (603) 883-1636

2016-2017 Request for Consideration of Special Circumstances

A student may request consideration for special circumstances if he/she has a situation that is unusual and not common to all, for example, loss of income or exceptionally high medical costs. In order to process the request, we will need to confirm the income information for 2015 and then calculate the estimated income for 2016. The student must provide the following documentation for the request to be considered:

DEPENDENT STUDENTS

- Provide a detailed statement from you, the student, outlining the special circumstances.
2016-2017 NCC Verification Worksheet

To confirm income for 2015 for your parent and you, we will need the following:

- Provide a copy of your parent's and your 2015 Federal Income Tax Transcript
OR if you or your parent did not file a federal tax return, provide the 2015 W2 form(s)

If the circumstances involve a student or parent losing employment, please provide the following for the person who lost employment:

- Copy of severance package (if severance was received in 2016)
Copy of last paystub for the lost job, if lost in 2016
Copy of last four (4) paystub for any other job in 2016
Copy of unemployment benefits received in 2016

If the circumstances involve loss of child support, please provide documentation showing when child support ended and amount received for 2016.

INDEPENDENT STUDENTS

- Provide a detailed statement from you, the student, outlining the special circumstances.
2016-2017 NCC Verification Worksheet

To confirm income for 2015 for you (and your spouse, if applicable), we will need the following:

- Provide a copy of your (and your spouse, if applicable) 2015 Federal Income Tax Transcript
OR if you (or your spouse, if applicable) did not file a federal tax return, provide your 2015 W2 form(s)

If the circumstances involve a student (or spouse) losing employment, please provide the following for the person who lost employment:

- Copy of severance package (if severance was received in 2016)
Copy of last paystub for the lost job, if lost in 2016
Copy of last four (4) paystub for any other job in 2016
Copy of unemployment benefits received in 2016

If the circumstances involve loss of child support, please provide documentation showing when child support ended and amount received for 2016.

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

STUDENT NAME: \_\_\_\_\_

NCC ID: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(If Dependent student)