



YORK COUNTY COMMUNITY COLLEGE

FINANCIAL AID OFFICE EXPLANATION OF SPECIAL CIRCUMSTANCES 20__ - 20__

Student Name: _____ SS Number: _____

You indicated there are special circumstances to be considered when your aid eligibility is determined. Please provide more detailed information about these circumstances by completing this form. If there is other information you want to have considered, please explain on a separate sheet and attach it to this form.

Check the situations that apply to you, complete the estimated income section on the back, and sign the for

_____ Unemployment or change of employment situation
Who does this apply to? ___Self___ Spouse___ Mother___ Father
Date change occurred _____
What caused the change?

_____ Separation or Divorce
Date of separation or divorce _____
How will assets be divided (do not include home)?

What are custody arrangements for children (if any)?

Who will pay child support, and what is the amount?

_____ Disability
Who does this apply to? ___self___ spouse___ mother___ father
Date disability began _____
Amount of disability or benefits to be received in 20__

Date benefits received or expected to receive _____

_____ Unusual Medical/Dental Expenses
Who does this apply to? ___self___ spouse___ mother___ father
What situation has caused the unusual expense?

How much did you pay for medical/dental insurance in 20_?

How much did you pay in actual expenses in 20_?

How much did you expect to pay for insurance in 20_?

Please estimate expected income for 20__ (January to December)				
Source	Student	Spouse	Father	Mother
		(if married)	(for dependent students only)	
Wages (income earned from work)				
Severance Pay (not included in wages)				
Interest/Dividend Income				
Net Business Income				
Untaxed Pension				
Taxable Pension				
Unemployment Benefits				
Social Security Benefits				
Welfare/TANF				
Child Support Received				
Disability Income				
VA Benefits				
Workman's Compensation				
Other Income - Specify Source				

I/We certify that this information is complete and correct. (All persons for whom information is provided on this form must sign below.)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please describe your Special Circumstance below: _____

NOTE: The student is required to report income information that is significantly different than what has been currently estimated for the current tax year, as it may affect your eligibility for Title IV funds, and some/all funds may have to be returned.

The administrator may require additional documentation:

- _____ Last check stubs for year reporting
- _____ Severance letter from employer
- _____ Proof of unemployment eligibility
- _____ Other

Return this form to:

**York County Community College
112 College Drive
Wells, ME 04090**