



## 2026-2027 SPECIAL CIRCUMSTANCE FORM - DEPENDENT

Student Name \_\_\_\_\_

NCCC Student ID \_\_\_\_\_

The Financial Aid Office at North Country Community College is aware that families experience unforeseen financial circumstances and/or expenses during an academic year. If your financial situation has changed considerably from the information you provided on the Free Application for Federal Student Aid (FAFSA), and the financial situation meets one or more of the categories listed below, complete and submit this form with the required documentation.

**A. The change of financial circumstance(s) applies to:** \_\_\_\_\_ Mother/Stepmother \_\_\_\_\_ Father/Stepfather

**B: Mark all that apply and attach the required documentation.**

Circumstance	Required Documentation
<input type="checkbox"/> Loss and/or reduction of income earned from work  <input type="checkbox"/> Loss and/or reduction of benefit <ul style="list-style-type: none"><li>• Unemployment</li><li>• Worker's Compensation</li><li>• Disability</li><li>• Child Support</li></ul>	<ul style="list-style-type: none"><li>• Letter from parent explaining circumstances.</li><li>• Date of Change: ____/____/____</li><li>• Copies of current pay stub(s)</li><li>• Verification of receipt of unemployment benefits</li><li>• If loss of benefit, submit documentation of cancellation or reduction</li><li>• Complete Section C</li></ul>
<input type="checkbox"/> Separation/Divorce or death of parent after completing the 2026-2027 FAFSA	<ul style="list-style-type: none"><li>• Letter from parent explaining circumstances.</li><li>• Date of separation/divorce ____/____/____</li><li>• Divorce: copy of divorce decree</li><li>• Death: copy of death certificate</li><li>• Separation: proof of separate residences (example: copy of utility, cell phone, telephone bill, etc)</li><li>• Complete Section C</li></ul>
<input type="checkbox"/> Medical/Dental Expenses (medical or dental expenses not covered by insurance that exceed 10% of your total yearly income)	<ul style="list-style-type: none"><li>• Proof of payment of expenses (copy of cancelled checks, credit card statements)</li><li>• Documentation of amount paid by insurance</li></ul>

**Additional information may be requested if documentation submitted is not sufficient.**

### C. INCOME FOR January 1, 2026, to December 31, 2026

Answer all areas, if "0" please indicate "0" or if not applicable, indicate "N/A"

Source of Income	Amount Received to Date	Amount Estimated for Remaining Year	TOTAL
Father/Stepfather income earned from work (wages, salaries, tips, net business/farm income) <b>Attach a copy of last pay stub(s)</b>	\$	\$	\$
Mother/Stepmother income earned from work (wages, salaries, tips, net business/farm income) <b>Attach a copy of last pay stub(s)</b>	\$	\$	\$
Other taxable income (401K withdrawal, dividends, interest income, pensions, annuities, alimony, capital gains, severance pay, etc.), please specify:	\$	\$	\$
Unemployment Benefits <b>*Attach a copy of benefit statement*</b>	\$	\$	\$
Child Support received for 2026	\$	\$	\$
Worker's Compensation	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Disability Benefits	\$	\$	\$
Other Income Source(s)-specify:	\$	\$	\$

### D. Certification and Signatures

I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form. I understand if the form is incomplete, it will be returned.

Student Signature

Date

Parent Signature

Date

#### Return to:

North Country Community College  
Financial Aid Office  
23 Santanoni Ave.  
Saranac Lake, NY 12983  
Phone: 518-891-2915 Ext 1687  
email: [financialaid@nccc.edu](mailto:financialaid@nccc.edu)