



2023–2024 Special Circumstance Request Change in Income

I. Student Information

Last Name	First Name	Middle Initial	Student ID
Email Address	Home Phone Number	Cell Phone Number	

II. Explanation of Special Circumstances

- Must be initiated with a letter of explanation from the student requesting consideration of his/her particular circumstances. Please explain in full.
- Refer to documentation requirements (see below) when preparing your request. Any documentation listed as required but not submitted will cause a delay in our ability to review your request. Additional documentation may be requested as your case is reviewed.
- Please check the box next to the circumstance that fits your situation in section III.

III. Situations in which revisions may be made to your original application:

SPECIAL CIRCUMSTANCE	FOR DEPENDENT STUDENT	FOR INDEPENDENT STUDENT	REQUIRED DOCUMENTATION
<input type="checkbox"/> Loss of Employment/ Reduction of Income	Your parent(s)' and/or your income earned in 2023 will be less than that earned in 2021.	Your (and/or your spouse's) income earned in 2023 will be less than that earned in 2021.	Complete signed copies of: <ol style="list-style-type: none"> 2021 Federal Tax Transcript W-2 wage statements for parent(s)/student Last pay stub showing year-to-date earnings (or 3 pay stubs for reduction of income) Termination notice from employer (if applicable) Benefit notice from unemployment office Severance pay or benefits
<input type="checkbox"/> Loss of Benefits/ Support <input type="checkbox"/> Child Support <input type="checkbox"/> Welfare benefits <input type="checkbox"/> Social Security <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Untaxed Retirement <input type="checkbox"/> Alimony <input type="checkbox"/> Disability <input type="checkbox"/> AFDC/TANF	Your parent(s) and/or you received benefits in 2021 which have ceased or been reduced in 2023.	You (and/or your spouse) received benefits in 2021 which have ceased or been reduced in 2023.	Complete signed copies of: <ol style="list-style-type: none"> 2021 Federal Tax Transcript W-2 wage statements for parent(s)/student Documentation from agency stating total amount received in 2021 and termination date Documentation of 2023 updated amount
<input type="checkbox"/> Separation or Divorce	Your parents have separated or divorced AFTER you filed the FAFSA.	You and your spouse have separated or divorced AFTER you filed the FAFSA.	Complete signed copies of: <ol style="list-style-type: none"> 2021 Federal Tax Transcript W-2 wage statements for parent(s)/student Divorce decree or separation agreement and proof of separate addresses
<input type="checkbox"/> Death of a Parent or Spouse	A parent has died AFTER you filed the FAFSA.	Your spouse has died AFTER you filed the FAFSA.	Complete signed copies of: <ol style="list-style-type: none"> 2021 Federal Tax Transcript W-2 wage statements for parent(s)/student Death certificate

<input type="checkbox"/> Medical/Dental Expense Use this circumstance if you have excessive medical expenses not covered by insurance.	Your parent(s)' and/or your medical expenses in 2023 exceeded 11% of the IPA number on your FAFSA.	You and/or your spouse's medical expenses in 2023 exceeded 11% of the IPA number on your FAFSA.	Complete documentation of the following: Breakdown of what was covered by insurance and what the patient/family paid, as shown on medical/dental bills or receipts or insurance summaries.
<input type="checkbox"/> Natural Disasters	You and your family lost property due to a natural disaster (including your parents).	You and your family lost property due to a natural disaster (not including your parents).	Complete documentation of the following: Losses not covered by insurance, federal or state relief, charities, or other programs. Additional information may be requested after initial review.

IV. Additional Financial Information

Please complete the following questions concerning 2023-2024:

A. Household Size update

Write in the total number of people that you (independent student) or your parents (dependent student) will support in 2023-2024. Include parents, student, other dependent children, other people who now live with and receive more than half of their support from you (independent student) or your parents (dependent student):

1. Number of family members in 2023-2024 (July 1, 2023-June 30, 2024) _____
2. Number of college students in 2023-2024 (July 1, 2023-June 30, 2024) _____
 (Include all full time and at least ½ time, excluding parents)

B. Marital status update (you and your spouse if you are an independent student, your parents if you are a dependent student)

1. Married _____ Divorced _____ Separated _____ Widowed _____ Single _____
2. If parents are separated or divorced, with which parent has the student applicant live most in the last 12 months?
 Mother _____ Father _____
3. Have you (independent student) or your parent (dependent student) remarried? YES _____ NO _____

V. Projected 2023 Income and Benefits

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Student's Spouse
Wages, Tips, Salary	\$	\$	\$	\$
Interest and/or Dividend Income	\$	\$	\$	\$
Business/Farm Income	\$	\$	\$	\$
Real Estate Income	\$	\$	\$	\$
Unemployment compensation	\$	\$	\$	\$
Worker's compensation/ Employer disability	\$	\$	\$	\$
Pensions and/or annuities	\$	\$	\$	\$
Severance pay	\$	\$	\$	\$
Retirement benefits	\$	\$	\$	\$
Disability benefits	\$	\$	\$	\$

Social Security/SSI benefits	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Alimony/spousal support	\$	\$	\$	\$
Welfare benefits	\$	\$	\$	\$
AFDC/TANF	\$	\$	\$	\$
Cash/Savings/Checking	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTAL OF ALL INCOME:	\$	\$	\$	\$

VI. Signature

All of the information on this form is true and complete to the best of my knowledge. I understand that if I give false or misleading information on this request, I may be subject to a fine, a prison sentence, or both. If requested, I agree to provide further documentation to confirm the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change of the financial aid already offered.

Student's Signature

Date

Student's Spouse's Signature (if applicable)

Date

Parent's Signature (if student is dependent)

Date

VII. Submission Methods

Email: sfs@enc.edu

Fax: 617-745-3992

Mail: Student Financial Services, 23 East Elm Avenue, Quincy, MA 02170

You should make a copy of this completed form for your records.