



Return to:  
CCCC Financial Aid Office  
PO Box 269  
Fort Totten ND 58335  
(Phone) 701-766-2370  
(Fax) 701-766-1344  
Questions? Email:  
[lindsey.onebear@littlehoop.edu](mailto:lindsey.onebear@littlehoop.edu)

**2025-2026 Special Circumstance Request – Dependent**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Submitting an appeal does not guarantee an adjustment will be made to your financial aid package.**

Special consideration may be available if your family's current financial situation is not accurately reflected by the 2023 tax information reported on your FAFSA. You must submit a signed detailed letter explaining the situation and required documentation as outlined below. All documents must be completed and received before your request can be reviewed.

- Checklist for ALL appeals:**
- Parent(s) 2023 Federal Tax Return (signed) and Schedules 1-3 (if applicable)
  - Copy of parent(s) 2023 W2s
  - Signed letter detailing circumstance
  - Parent(s) most recent paystub(s)

**Section A: Criteria for Consideration** *Check all circumstances you would like to be considered and submit required documentation. The documentation listed below is not an inclusive list. Additional information may be requested on a case-by-case basis.*

<input type="checkbox"/> <b>Death of parent</b> Name of Deceased: _____ Date of death: ____/____/____ <ul style="list-style-type: none"> <li>• Copy of Death Certificate or Obituary</li> <li>• Copy of parent(s) 2023 Federal Tax Return (signed) and Schedules 1-3 (if applicable)</li> <li>• Copy of parent(s) 2023 W2s</li> </ul>
<input type="checkbox"/> <b>Parent divorce/separation</b> Date of divorce/separation: ____/____/____ Name of parent who will provide more than half of your financial support: _____ Number in named parent's family: _____ (include student, parent, any other dependent children, and other people living with the parent) <ul style="list-style-type: none"> <li>• Copy of Divorce Decree or letter from attorney OR proof of separate residences             <ul style="list-style-type: none"> <li>▪ utility bills, mortgage statements, rental agreement etc.</li> </ul> </li> <li>• Copy of parent(s) 2023 Federal Tax Return (signed) and Schedules 1-3 (if applicable)</li> <li>• Copy of parent(s) 2023 W2s</li> </ul>
<input type="checkbox"/> <b>Parent is retired, unemployed for at least 8 weeks, or has a change in employment resulting in an income reduction</b> Relationship: _____ Date: ____/____/____ <ul style="list-style-type: none"> <li>• Unemployment Documentation (if applicable)</li> <li>• Documentation of situation</li> </ul>
<input type="checkbox"/> <b>Loss of benefits, such as unemployment, disability, social security, veterans, child support, or alimony</b> Relationship: _____ Date: ____/____/____ <ul style="list-style-type: none"> <li>• Documentation of situation</li> </ul>
<input type="checkbox"/> <b>Non-recurring payments received during the FAFSA tax year will not be repeated</b> Type of Income: _____ Date: ____/____/____ <ul style="list-style-type: none"> <li>• Documentation of situation</li> </ul>

## Section B: Income

Complete the Gross Taxed Income and the Untaxed Income sections below for your family's expected income **prior to exemptions, adjustments, or deductions**. Include all estimated income from January 1, 2025 to December 31, 2025.

Please include estimates for the full year.  
If none, enter zero.

### Total 2025 Gross Taxed Income

1. Wages, salaries, tips, severance pay
2. Business or farm income (self-employment)
3. IRA distributions, pensions, and annuities
4. Alimony
5. Unemployment Compensation
6. Other taxed income (specify) \_\_\_\_\_

### Parent 1 Income

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Parent 2 Income

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### **Total 2025 Gross Taxed Income**

**\$ \_\_\_\_\_**

**\$ \_\_\_\_\_**

### Total 2025 Untaxed Income

1. IRA deductions and payments to self-employed SEP, SIMPLE, and other qualified plans
  - 1040 Schedule 1, total of lines 16 + 20
2. Untaxed portion of IRA distributions
  - 1040 line 4a minus 4b
3. Untaxed portion of pensions and annuities
  - 1040 line 5a minus 5b
4. Foreign earned income exclusion
  - 1040 Schedule 1, Line 8d

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

## Section C: Signature

I hereby certify that all information contained in this request is true and complete to the best of my knowledge. I understand that all special circumstances are reviewed on a case-by-case basis and the submission/review of this form does not guarantee a change in the student's financial aid eligibility.

\_\_\_\_\_  
Student Signature and ID#                      Date

\_\_\_\_\_  
Parent Signature                                      Date

**Electronic signatures will not be accepted.**