

# This form is to assist you in reporting financial circumstances of you and your family that have occurred after 2022, if the circumstances will in some way limit the ability of you and your parents to contribute toward your 2024-2045 college costs.

Please return the completed form, written statement, and documentation to:

NDSCS Attention: Financial Aid 800 6th St N Wahpeton, ND 58076

Section A: Student In:	formation
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Last Name First Name MI

Student ID #

E-Mail Address

Student's Phone #

### Section B: Who Incurred the Unusual Expense or Circumstance?

\_\_\_\_ Student \_\_\_\_\_ Spouse

ouse \_\_\_\_\_ Father

\_\_\_\_\_ Mother

## Section C: What is your Unusual Expense or Circumstance?

\_\_\_\_\_ Death of a Legal Parent \_\_\_\_\_ Loss or Reduction of Benefits \_\_\_\_\_ Loss or Reduction of Employment

Medical Expenses \_\_\_\_ Divorce or Separation \_\_\_\_ Foreclosure or Liquidation

\_\_\_\_\_ Unusual Debt or Expenses \_\_\_\_\_ Other

Section D: Documentation Requirements: (see page 2)

## NO PROCESSING WILL TAKE PLACE WITHOUT DOCUMENTATION

## **Section D: Documentation Requirements**

#### Death of a Legal Parent

- 1. Copy of death certificate or obituary.
- 2. Signed written statement including relationship of the deceased to student.
- 3. Signed copies of your 2022 & 2023 tax return and W2s.

#### Separation or Divorce

- 1. Divorce decree or official separation agreement including child support paid or received.
- 2. List of family members, ages and relationship to student who live in your household.
- 3. Signed copies of your 2022 & 2023 tax return and W2s.

#### Foreclosure or Liquidation

- 1. Signed written statement including type of asset(s), gross proceeds, and where proceeds were applied.
- 2. Copy of foreclosure notice.

#### Loss or Reduction of Employment

- 1. Signed written statement including the following details:
  - a. Date employment was terminated.
  - b. Dates of employment during 2023-2024.
  - c. Reason for loss or reduction of employment.
  - d. Name, address and telephone number of employer(s).

#### Loss or Reduction of Benefits

- 1. Signed written statement including the following details:
  - a. Type of benefit that was lost or reduced.
  - b. Dollar amount received during 2022, 2023, and 2024.
  - c. Reason for loss or reduction of benefit.

#### **Unusual Debt or Expense**

- 1. Signed written statement including the following details:
  - a. Description of the unusual debt or expenses.
  - b. Dollar amounts of debt or expenses.
  - c. Explanation of hardship.
- Other 2. Signed written statement explaining the change in your financial circumstances. Be as specific as possible and describe how the change has affected your ability to contribute to your or your student's educational costs.

## Section E: Estimated Income from January 1, 2024 to December 31, 2024

	Student/Spouse	Parent
2024 Income earned from work	\$	\$
	student	father
2024 Income earned from work	\$	\$
	spouse	mother
Other Taxable Income/Benefits		
Interest/Dividends	\$	\$
Alimony	\$	\$
Capital Gains	\$	\$
Pensions	\$	\$
Unemployment Compensation	\$	\$
Veteran Benefits	\$	\$
Other (list)	\$	\$
Expected Untaxed Income/Benefits		
Social Security	\$	\$
AFDC	\$	\$
Child Support	\$	\$
Worker's Compensation	\$	\$
Military Benefits	\$	\$
Other	\$	\$
Asset Information (As of today)		
Cash, Savings and Checking Account Balance	\$	\$
Net Worth of Investments including Real Estate *		\$
Net Worth of Businesses and Farms	\$	\$
*(Exclude your primary residence)		

## **Section F: Certification Statement**

# WARNING: If you purposely give false or misleading information on this form, you may be subject to a \$10,000 fine, a prison sentence or both.

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my federal income tax return. I also realize that if I do not give proof when asked, I may not receive financial assistance.

Student Signature

Date

Date

Parent Signature (father or mother - only one required) Date