



Student's Last Name: _____ First and Middle Names: _____

Student's UNC Personal ID: –

2016-2017 Need Analysis Review – Dependent Students

If you or your family have unique circumstances that might affect eligibility for financial aid, we ask that you complete this form and provide supporting documentation.

Your special circumstances will be reviewed after the initial aid award has been made, and we will contact you by email if we need more information.

Review this page and the next, and check the box that best describes your situation.

Any documents you submit will be closely reviewed to help us make a decision about any changes to financial aid.

Job loss Significant reduction of income

Description of circumstances: _____

Documentation required:

- A 2015 tax transcript, if you didn't use the IRS Data Retrieval Tool
- Termination letter or statement of change in salary from your employer
- Official year-to-date earnings (most recent pay-stub)

If applicable, also include:

- Documentation of unemployment compensation
- Documentation of taxable Social Security benefits

2016 Projection of Income – Please complete the table below and provide documentation for the person with the decreased income. **In the event of job loss, you must be unemployed for 10 weeks before we can review financial aid.**

For every source of income listed below, report the amount expected from January 1 through December 31, 2016.		January 1, 2016 through December 31, 2016
Wages, salaries, tips, etc. (before taxes) earned from 1/1/2016 through 12/31/2016:	Father	\$
	Mother	\$
Net income from business/farm:	Father	\$
	Mother	\$
Interest and dividend income:	Father	\$
	Mother	\$
Net income from rent, trusts, royalties, partnerships, estates, etc.:	Father	\$
	Mother	\$
Other taxable income (e.g., alimony, capital gains, taxable pension, unemployment benefits, annuity/IRA distributions, worker's compensation, etc.):	Father	\$
	Mother	\$

Other circumstances that do not require a 2016 projection of income

- Your parent received untaxed income in 2015 that has stopped or been reduced in 2016. An example would be the cessation of child support when the student turned 18.

Description: _____

- A parent has passed away since the student's original application for aid.

Documentation Required:

- Copy of the death certificate
- Copy of parents' W-2(s)
- 2015 federal tax transcript

- Parents have separated or divorced since the student's original application for aid.

Please indicate the number of people who will reside with the parent you live with and receive more than half their support from that parent in 2016. Include yourself and your parent: _____

How many of those people will be enrolled in college at least half-time in 2016 (including you, but NOT your parent): _____

Documentation required:

- Copy of separation agreement or divorce decree. In the event that you don't have a formal separation agreement, please provide documentation of separate residences (utility bill or lease agreement).
- 2015 federal tax transcript
- W-2 for parents

- Extraordinary medical expenses in 2015 or 2016 that were **not reimbursed by insurance**. Whether expenses are deemed extraordinary will depend upon income and family circumstances.

Please submit required documentation of expenses for the appropriate year:

Medical Expenses 2015

- Tax transcript, including Schedule A

Medical Expenses 2016

- Proof of amount paid by patient
- Statement from medical provider showing charges and payment received
- Proof of insurance claim paid (EOB)

Certification: *To the best of my knowledge, all of the information on this form is true and complete.*

Student Signature

Date

Parent Signature

Date