HONOLULU COMMUNITY COLLEGE – FINANCIAL AID OFFICE
874 Dillingham Boulevard – Honolulu HI 96817

2009 - 2010 SPECIAL CIRCUMSTANCE FORM

Print Student's Last name, First MI _____ Social Security Number _____

We believe that you (as an **independent student**), your spouse, or your parents may be in a situation that requires special consideration. Please explain your situation below and attach any supporting documentation (e.g. resignation/termination letter, unemployment approval/denial, etc.):

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Complete the following information based on your special situation. If you are married, please include your spouse's and your earnings.

	June-August 2009 (3 months)		Sept 2009-May 2010 (9 months)	
	Student	Spouse/Parent	Student	Spouse/Parent
Expected earnings:	$_____	$_____	$_____	$_____
Other taxable income: (Include Unemployment Compensation, Pensions, Interest, etc.)	$_____	$_____	$_____	$_____
Untaxed income: (Include Workmen's Comp, Welfare, Social Security, etc.)	$_____	$_____	$_____	$_____

Although you, your spouse, or parents may indicate expected income substantially less than what was earned in 2008, you and your family are still expected to contribute a minimum amount towards your cost of education.

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I/we certify that the information is true and accurate to the best of my/our knowledge and I/we are not falsifying any of this information.

Student's Signature _____ Date _____ Spouse's Signature _____ Date _____

Father's Signature _____ Date _____ Mother's Signature _____ Date _____