



**Northwest LTC Financial Aid  
Special Consideration Form  
Independent Student 2017 - 2018**

Name \_\_\_\_\_ Campus ID(or SSN) \_\_\_\_\_  
(Please Print) Last Name First Name

I am requesting consideration of my family's 2016 total income because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My family's estimated 2016 income will be:

Student: \$\_\_\_\_\_ (provide a copy of latest pay stub or W-2 form from the end of the year)

Spouse: \$\_\_\_\_\_ (provide a copy of latest pay stub or W-2 form from the end of the year )

Estimated untaxed income and/or benefits for 2016 will be: \_\_\_\_\_ (provide documentation)

I certify that all information given on this form is complete, correct, and accurate to the best of my knowledge; and if requested, I will provide additional documentation required by the Office of Financial Aid.

_____	_____	_____
<b>Student's Signature</b>	<b>Social Security Number</b>	<b>Date</b>
_____	_____	_____
<b>Spouse Signature (If applicable)</b>	<b>Social Security Number</b>	<b>Date</b>
_____	_____	_____
<b>Legal Guardian Signature (If applicable)</b>	<b>Social Security Number</b>	<b>Date</b>

FAO Signature \_\_\_\_\_ Date \_\_\_\_\_ Semester \_\_\_\_\_