



## 20/21 Special Circumstances Request Form

In cases where 2019 family income or 2020 expected family income is substantially less than 2018 family income, or if you have special circumstances we should take under advisement, you may request a review of family contribution and financial aid eligibility. Call Rachel Cavanaugh at 910-362-7317 to discuss what documents are needed for your circumstance AND to schedule an appointment.

**Student Name:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_ **Soc. Security #** \_\_\_\_\_ **(Required)**  
(Print Clearly)

**Address:** \_\_\_\_\_  
Street Apt City State Zip

Reasons for review of financial aid eligibility: **Check condition and circle the person for whom it applies:**

- You/Your Spouse/Your Parent(s)** were/was employed in 2018 but are/is now unemployed or under employed. **Required Documentation:** Statement on company letterhead from employer which specifies your last date of employment and/or date(s) of reduced hours; signed copy of 2018 federal income tax return with attached W-2 forms; last pay stub; verification of unemployment benefits.
- Your/Your Spouse/Your Parent(s)** earned money in 2018, but have/has been unable to pursue normal income-producing activities during 2019 due to a disability. **Required Documentation:** Physician’s statement; signed copy of 2019 federal income tax return with attached W-2 forms; last pay stub.
- You/Your Spouse/Your Parent(s)** received unemployment compensation or other reported income in 2018 and have/ has had a lessor reduction of these benefits in 2019. **Required Documentation:** Letter of explanation from source of benefit; wage transcript; signed copy of 2019 federal income tax return with attached W-2 forms (if unemployment benefits received).
- You/Your Parents** have become separated or divorced after you submitted your application for Federal Student Financial Aid. **Date of Separation or Divorce:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Required Documentation:** Copy of divorce or legal separation documents; if unavailable, obtain a letter from an attorney, minister, or other responsible third party (non-relative) describing situation and date of divorce or separation.
- Your Spouse/Your Parent** whose 2018 income was reported on your application for Federal Student Aid has died since you submitted your application. **Date of Death:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Required Documentation:** Death Certificate.
- Dependent Student only:** Your last surviving parent, with whom you had a dependency relationship, has died after you submitted your Federal Student Financial Aid Application. **Date of Death:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Required Documentation:** Death Certificate.
- Other:** Please explain briefly and concisely those circumstances to be considered when reviewing your financial aid eligibility. Examples include: high unreimbursed medical expenses, nursing home expenses, etc. **Please submit proof of these circumstances with this form.**

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**Student/Spouse/Parent(s) 2019 Income or 2020 Expected Income:**  
*Do not leave any items blank. Report total yearly figures (not monthly).*

|   | <u>Student &amp; Spouse</u> | <u>Parent(s)</u> |
|---|-----------------------------|------------------|
| 2019 or 2020 Work Income by student/father:                     | \$ _____                    | \$ _____         |
| 2019 or 2020 Work Income by spouse/mother:                      | \$ _____                    | \$ _____         |
| 2019 or 2020 Other Taxable Income (e.g. unemployment benefits): | \$ _____                    | \$ _____         |
| 2019 or 2020 Other Non-Taxable Income (e.g. child support):     | \$ _____                    | \$ _____         |
| <b>Total 2019 Income <i>OR</i></b>                              | \$ _____                    | \$ _____         |
| <b>Total Expected 2020 Income</b>                               | \$ _____                    | \$ _____         |

**Warning** -I understand that if I purposely give false or misleading information in connection with my application for Federal Student Aid, I may be subject to a fine of up to \$20,000, sent to prison, or both. I also understand that if the income estimates provided above are substantially different from what is actually earned for that year, I will lose my ability to request any future adjustments in subsequent application years.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Parent Signature

\_\_\_\_\_  
Date

.....  
**For Office Use Only**

\_\_\_\_\_ Approved                      Recalculated EFC: \_\_\_\_\_                      ISIR Reprocessed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Calculated taxes paid: \_\_\_\_\_

Data elements and amounts to be adjusted: \_\_\_\_\_

\_\_\_\_\_ Denied                      Reason: \_\_\_\_\_

I hereby use my professional judgment to **adjust/not adjust** this student's expected family contribution.

\_\_\_\_\_  
Financial Aid Director

\_\_\_\_\_  
Date