



23/24 Special Circumstances Request Form

In cases where 2022 family income or 2023 expected family income is substantially less than 2021 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, Sr. Director of Financial Aid at 910-362-7317 to discuss what documents are needed for your circumstance AND to schedule an appointment.

CFCC ID # _____

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 2021 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 2022 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 2021, but have/has been unable to pursue normal income-producing activities during 2022 due to a disability. **Required Documentation:** Physician's statement; signed copy of 2022 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 2021 and have/ has had a lessor reduction of these benefits in 2022. **Required Documentation:** Letter of explanation from source of benefit; wage transcript; signed copy of 2022 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 2020 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) 2022 Income or 2023 Expected Income:
Do not leave any items blank. Report total yearly figures (not monthly).

	<u>Student/Spouse</u>	<u>Parent(s)</u>
2022 or 2023 Work Income by student/spouse:	\$ _____	\$ _____
2022 or 2023 Work Income by parent(s):	\$ _____	\$ _____
2022 or 2023 Other Taxable Income (e.g. unemployment benefits):	\$ _____	\$ _____
2022 or 2023 Other Non-Taxable Income (e.g. child support):	\$ _____	\$ _____
Total 2022 Income <u>OR</u>	\$ _____	\$ _____
Total Expected 2023 Income	\$ _____	\$ _____

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

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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.

_____ Sr. Director of Financial Aid

_____ Date