

2021-22 Special Circumstance Form

Student Name: _____ Student ID#: _____

This form should be used to explain changes in your family situation, or to explain special situations that are not captured in the Free Application for Federal Student Aid (FAFSA) form that you have previously submitted for this year. Sec. 479A of the Higher Education Act of 1065, as amended, authorizes Financial Aid Resources and Planning Services office to use professional judgment, on a case-by-case basis for students with “**special circumstances**” that affect a family’s ability to pay for a college education.

Examples of special circumstances include a reduction in income or benefits due to layoff, business closure or job change, unusually high medical and dental expenses paid out of pocket, dislocated worker status, or unusual circumstances not covered in the FAFSA.

Examples of ineligible circumstances include car payments, credit card debt, medical insurance premiums, mortgages, or rent, Chapter 7 personal bankruptcy, home equity loans, parents not helping with college costs. We cannot make adjustments for these circumstances.

The Manager of Financial Aid Resources and Planning Services is expected and required to make reasonable decisions that support the intent of the provision. The school is held accountable for all professional decisions made and for fully documenting each decision. The decision of the Manager is final; there is no appeal process to the U.S. Department of Education.

Please note that this form does not guarantee that your request will be approved, or that you will be eligible for additional aid. In some cases, professional judgment adjustments made to the FAFSA do not result in significant changes to the Expected Family Contribution (EFC) and, therefore, do not change a student’s financial aid package.

Follow the steps below and return this form with the appropriate documentation to the address above or email it to grandallj@westernnc.edu along with supporting documentation. Notification of the decision by the Financial Aid Resources and Planning Services Manager will be sent to the student’s email address. If you have questions, please contact Financial Aid Resources and Planning Services at 608.785.9576. **DO NOT SUBMIT THIS APPEAL FORM UNTIL AFTER JUNE 30, 2021** in order for you to estimate your 2021 income with greater accuracy.

For Office Use Only

Verification: YES NO

Verification Complete: Yes N/A

Reviewers Notes:

Approved: Yes No No Follow up

Current EFC: _____ New EFC: _____

Reviewer Initials: _____

Date: _____

Section A: Special Circumstances—from the list provided, indicate the reason for the requested review of your family’s financial situation and provide indicated documentation.

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Change or Loss of Job, Reduction in Hours (Student or Parent of Dependent Student)

1. Letter(s) from former employer(s) stating the last date of employment.
2. Copy(s) of applicable last pay stub(s) from former employer(s) and current employer(s), if applicable.
3. Copy of unemployment compensation letter or if you will not be receiving unemployment, a signed statement that you will not receive unemployment.

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Loss of Benefits such as Social Security Benefits, Child Support, Worker’s Compensation, Alimony, Unemployment Benefits, etc. (Student or Parent of Dependent Student)

1. Copy of benefit termination notice and amount of benefits received in 2020 or 2021.
2. Copy of divorce decree indicating the last date of child support.
3. Copy of unemployment compensation letter or if you will not be receiving unemployment, a signed statement that you will not receive unemployment.

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One-time income in 2019 such as sale of home, capital gains, etc. (Student or Parent of Dependent Student)

1. Attach a signed copy of your or your parent’s (if student is dependent on FAFSA) 2019 Tax Return Transcript showing the one-time income.

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Other

1. Indicate in your detailed statement the special circumstance you had that does not meet any of the others listed and provide documentation to prove the circumstance.

Section B: Statements/documentation REQUIRED

- **Attach a detailed statement explaining your Special Circumstances.**
- **Attach documentation requested in Section A above for the Special Circumstance you indicated.**

Section C: 2021 Expected Income Information

Complete the table below to help us assess your actual income for 2021. Report all income you expect to receive **through December 31, 2021** in the appropriate boxes.

PARENT 2021 ESTIMATED INCOME INFORMATION (FOR DEPENDENT STUDENTS ONLY)

Income for 2021 (Jan. 1 to Dec. 31)	Actual 01-01-21 to Today	Estimated Today to 12-31-21	Totals = Actual + Estimated
Parent 1: Expected Gross income earned from work (wages, salaries, tips, net farm or business income)	\$	\$	\$

(Parent 2021 Estimated Income CONTINUED)

Parent 2: Expected Gross income earned from work (wages, salaries, tips, net farm, or business income)	\$	\$	\$
Unemployment Compensation (include amounts received by both Parent 1 and Parents 2)	\$	\$	\$
Other Taxable income Circle all that apply (include combined total in next boxes: Dividends Interest Pensions Annuities Alimony Capital gains	\$	\$	\$
TAXABLE Social Security benefits recd.	\$	\$	\$
Child Support received	\$	\$	\$
Payments to a tax-deferred pension and retirement savings plans (paid directly or withheld from earnings).	\$	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans.	\$	\$	\$
Tax exempt interest income	\$	\$	\$
Untaxed portions of IRA distributions and pensions. Exclude rollovers.	\$	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of payments). Don't include the value of on-base military housing or the value of a basic military allowance for house.	\$	\$	\$
Veterans noneducation benefits (such as disability, death pension, or dependency and Indemnity Compensation DIC and/or VA Educational Work-Study Allowance)	\$	\$	\$
Other Untaxed Income Select all that apply - (include combined total in next boxes): Workers compensation Disability Benefit (not SSI / SSDI) Untaxed foreign income Untaxed portions of health savings account	\$	\$	\$
Total Parental Income for 2021	\$	\$	\$

STUDENT 2021 ESTIMATED INCOME INFORMATION

Income for 2021 (Jan. 1 to Dec. 31)	Actual 01-01-21 to Today	Estimated Today to 12-31-21	Totals = Actual + Estimated
STUDENT: Expected Gross income earned from work (wages, salaries, tips, net farm or business income)	\$	\$	\$
SPOUSE: Expected Gross income earned from work (wages, salaries, tips, net farm or business)	\$	\$	\$
Unemployment Compensation (include amounts received by both Student and Spouse – if applicable)	\$	\$	\$
Other Taxable Income Select all that apply (include combined total in next boxes): Dividends Interest Pensions Annuities Alimony Capital gains	\$	\$	\$
TAXABLE Social Security Benefits Recd.	\$	\$	\$
Child Support received	\$	\$	\$
Payments to a tax-deferred pension and retirement savings plans (paid directly or withheld from earnings).	\$	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans.	\$	\$	\$
Tax exempt interest income	\$	\$	\$
Untaxed portions of IRA distributions and pensions. Exclude rollovers.	\$	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of payments). Don't include the value of on-base military housing or the value of a basic military allowance for house.	\$	\$	\$
Veterans noneducation benefits (such as disability, death pension, or dependency and Indemnity Compensation DIC and/or VA Educational Work-Study Allowance)	\$	\$	\$

(Student 2021 Estimated Income CONTINUED)

Other Untaxed Income Select all that apply - (include combined total in next boxes): Workers compensation Disability Benefit (not SSI / SSDI) Untaxed foreign income Untaxed portions of health savings account	\$	\$	\$
Total Student and/or Spouse Income for 2021	\$	\$	\$

Please list the current asset information (if any of the following are applicable): Net worth means the market value of the asset minus debt on the asset	Parent Assets (If applicable)	Student Assets
Current amount of cash, savings, and checking:	\$	\$
Current net worth or real estate/investments (other than home)	\$	\$
Current net worth of farm or business	\$	\$

Section D: Certification and Signature

My signature below certifies that the information I have provided on this form is true. I agree to provide proof of the information if and/or when requested. I understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

Parent Signature (if applicable): _____ Date: _____

Student Signature: _____ Date: _____

Spouse of Student Signature (if applicable): _____ Date: _____