

2014-2015  
FINANCIAL AID  
SPECIAL CIRCUMSTANCES FORM

The Free Application for Federal Student Aid (FAFSA) form advises you to contact the financial aid administrator at your school if you have special circumstances not covered on the application that would affect your eligibility for student financial aid. Before the Financial Aid Office can review the information on this form, you must have previously filed a 2014-2015 FAFSA.

The information provided on your original application may not be updated if your income reduction is not significant or appears inconsistent. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

**Section A: Student Information**

Last Name	First Name	M.I.
Student ID Number (EMPLID)	Social Security Number	@email.vccs.edu
Phone Number	Student Email Address	

**Section B: Please complete the information below.** \*Note: The Financial Aid Office reserves the right to request additional documentation, if needed.

1. Please check the reason for submitting your special circumstances request and attach the requested documentation.

- A. Loss of income for parent or independent student (spouse, if applicable) from work due to layoff, closing of business, termination.  
Required Documentation
  - Letter from former employer(s) effective dates and severance, vacation, personal and sick leave pay out.
  - Copy of final pay stub from previous employer(s).
  - Letter from unemployment office documenting effective dates and benefits received.
  - Two (2) current pay stubs (if presently employed).
  - W2 forms for student and/or spouse, and for parent(s) if dependent
  - Documentation of any other income received during the calendar year.
  
- B. Death of a spouse (Independent) or death of a parent (Dependent) has occurred after your FAFSA was filed. Required Documentation: Copy of death certificate.
  
- C. Loss of Social Security benefits. Required Documentation: Letter from Social Security Administration stating start/end dates and benefit amount.
  
- D. Loss of child support. Required Documentation: Letter or court document stating start/end dates and child support amount.
  
- E. Loss of unemployment compensation. Required Documentation: Letter from unemployment office stating start/end dates and benefit amount.
  
- F. Loss of Worker's Compensation benefits. Required Documentation: Letter from Bureau of Worker's Compensation stating start/end dates and benefit amount.

2. Complete and submit the **2014-2015 Independent/Dependent Verification Worksheet** and attach a copy of the **2013 IRS tax return transcript\*** both you and/or your parent or you and/or your spouse. You do not have to resubmit this information if you have already provided it to the Financial Aid Office. \*You may request your IRS Tax Return Transcript by calling the IRS at 1-800-908-9946 or online at [www.irs.gov](http://www.irs.gov).

3. Please explain in detail the reason(s) for your request for special circumstances and the details of your income reduction. Provide an additional sheet if necessary.

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4. Please provide the amount that you and your family expect to receive between **January 1, 2014 and December 31, 2014**. If your parent is divorced, separated, or widowed, don't include information about the other parent. If you are divorced, separated, or widowed, do not include information about your spouse.

Anticipated income for 2014	Independent Students		Dependent Students	
	Student	Spouse	Student	Parent(s)
Taxable income	\$	\$	\$	\$
Untaxed income (child support, Military Living Allowances, etc)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
<b>TOTAL INCOME</b>	\$	\$	\$	\$

\*Please note: Income for **2014** will not be projected at the end of the year. If you are completing your Special Circumstance appeal after **December 1, 2014**, you must wait and submit your appeal with a copy of your **2014** IRS tax return transcript.

Certification Statement: I (we) certify that the information provided on this form is complete and accurate to the best of my (our) knowledge. If I (we) provide false or misleading information, I (we) understand that I may be fined, sent to prison, or both. I (we) understand that should the circumstance(s) identified in this form change due to subsequent employment and/or receipt of monies not available at the time of submission of this form, I (we) will notify the Office of Financial Aid immediately of these changes.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature  
(Dependent students only)

\_\_\_\_\_  
Date

