NEW RIVER Community College Special Circumstance Student Name: Student ID Number:		
•	this form if your, your spouse's, or your parents' financial situation has changed significantly iformation you entered on the FAFSA for the 2019-2020 school year.	
the FAFSA	will consider an income reduction, we must verify that the information originally submitted on is correct. If you have not already completed the verification process, you will need to submit 017 IRS tax return transcripts and may be asked for additional documentation.	
	eason for Appeal: There are five conditions under which recalculations will be considered. appropriate condition that applies to you and your family and submit the required s.	
long incl sigr	Loss of Job/Decrease in Income: You, your spouse or your parents lost a job or are no ger employed full-time. You must submit a signed statement indicating the circumstances and ude either a copy of the unemployment benefits statement, the letter of termination, or a need statement indicating loss of job on company letterhead from the former company. Please ude the dates of job loss or switching to part time in your signed statement.	
inco	Loss of Untaxed Income: You, your spouse or your parents received some form of untaxed ome or benefit and has partially or completely lost that income or benefit. Attach a signed tement explaining the benefit and circumstances.	
suc	Loss of Taxable Income: You, your spouse or your parents received other taxable income h as unemployment, retirement, etc. and has completely lost that income or benefit. Attach a ned statement explaining the benefit and circumstances.	
	Death of Spouse or Parent: Your spouse or parent for whom income was submitted on the SA has died. <i>Please submit a copy of the death certificate.</i>	
me 201	Unusual/Unreimbursed Medical Expenses: You, your spouse or your parents paid unusual dical/dental expense (over \$2,000 out-of-pocket and not reimbursed by insurance) in 2017 or .8. Attach a detailed explanation, listing the expenses paid in either 2017 or 2018, and cumentation to show expense. (A year-end statement from your health insurance company is	

ideal documentation.)

STEP 2 – Which Calendar Year's Income Do You Wish to Be Considered?

<u>Only one request</u> for consideration of reduced income processed for 2019-2020. Please check the request you	
· · · · · · · · · · · · · · · · · · ·	ff recalculate my FAFSA results using 2018 2018 RS tax return transcripts (and spouse's if s for me and my parents, if parental information
☐ I am requesting that NRCC Financial Aid states estimated tax information. I understand that N 2019 and only up until November 1, 2019 (afte selected). I will submit:	RCC will not project 2019 income until after July 1,
date earnings)	stubs for all jobs worked (must include year-to- 2019 pay stubs for all jobs worked (must include
·	/last 2019 pay stubs for all jobs worked (must ach parent whose information is required to
 As of date of submission, document spouse, if applicable, and my parent 	ation of all untaxed income earned by me, my s, if parental information required on the FAFSA e end of 2019, a list of all anticipated earned and ily members listed above
I am requesting an income recalculation after tax return transcripts (and my spouse's if applicand my parents, if parental information is requuntaxed income.	•
Income reduction appeals that do not have proper sup will be declined. You, your spouse or your parents mig and documentation that will support your request for information on this form is true and complete to the b	ht be required to provide additional information recalculation due to income reduction. All of the
Signature of Student	Date
Signature of Spouse (if married)	Date
Signature of Parent (if parental information on FAFSA)	 Date