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 nformation you entered on the FAFSA for the 2020-2021 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 2018 IRS tax return transcripts and may be asked for additional documentation.	
	Reason 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 ss.	
inc sig	Loss of Job/Decrease in Income: You, your spouse or your parents lost a job or are no ager employed full-time. You must submit a signed statement indicating the circumstances and clude either a copy of the unemployment benefits statement, the letter of termination, or a ned statement indicating loss of job on company letterhead from the former company. Please clude the dates of job loss or switching to part time in your signed statement.	
	Loss of Untaxed Income: You, your spouse or your parents received some form of untaxed come or benefit and has partially or completely lost that income or benefit. Attach a signed stement explaining the benefit and circumstances.	
Suc	Loss of Taxable Income: You, your spouse or your parents received other taxable income ch as unemployment, retirement, etc. and has completely lost that income or benefit. Attach a ned statement explaining the benefit and circumstances.	
FA	Death of Spouse or Parent: Your spouse or parent for whom income was submitted on the FSA has died. <i>Please submit a copy of the death certificate.</i>	
20	Unusual/Unreimbursed Medical Expenses: You, your spouse or your parents paid unusual edical/dental expense (over \$2,000 out-of-pocket and not reimbursed by insurance) in 2018 or 19. Attach a detailed explanation, listing the expenses paid in either 2018 or 2019, 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 2020-2021. Please check the request you	
	off recalculate my FAFSA results using 2019 of 2019 IRS tax return transcripts (and spouse's if the start of the same and my parents, if parental information
I am requesting that NRCC Financial Aid states estimated tax information. I understand that N 2020 and only up until November 1, 2020 (afte selected). I will submit:	RCC will not project 2020 income until after July 1,
Copies of most recent/last 2020 pay date earnings)	stubs for all jobs worked (must include year-to-
Copies of spouse's most recent/last	2020 pay stubs for all jobs worked (must include
·	c/last 2020 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 2020, a list of all anticipated earned and aily 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