

## REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES

STUDENT'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

**Please Note: You must have completed the current year's Free Application for Federal Student Aid (FAFSA) *before* submitting this form.**

### **Circumstances which we will consider are:**

- Termination of employment, layoff, retirement, company closing, disability.
- Loss of some type of untaxed income or benefits. Untaxed income includes worker's compensation, child support, pension and annuities and social security benefits.
- Full-time employment reduced to part-time.
- Divorce or separation.
- Death of a spouse or parent.
- One-time income (examples: inheritance, back year Social Security payments, or IRA/pension distribution).
- Tuition paid for elementary/secondary private school.
- Extraordinary Medical expenses ***not*** covered by Insurance ***and not*** claimed on IRS tax return & above the FAFSA allowance for medical

### **The office will not consider the circumstances listed below.**

- Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage or school loan payments, car payments, legal expenses, other miscellaneous consumer item expenses).
- One-year bonus incomes such as lottery or gambling winnings.
- Reductions in overtime pay (this will be reflected on the following year's aid applications).
- Reductions in income resulting from bankruptcy proceedings.

**If the reason you are requesting a review is one of the acceptable circumstances listed above, please complete the appropriate sections on the attached page.**

**To determine if any adjustments can be made to the data reported on your FAFSA, please check and complete the appropriate section, and attach the required documentation. No consideration will be given until all documentation is submitted.**

**Loss of employment** – You, your spouse or your parent has lost income due to unemployment or retirement.

Name of unemployed person \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Date of unemployment \_\_\_\_\_ OR Retirement \_\_\_\_\_  
Earned prior to unemployment \_\_\_\_\_  
Date unemployment benefits began \_\_\_\_\_  
Monthly unemployment amount \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ and/or Social Security \$ \_\_\_\_\_  
Is the person receiving severance pay? – (no) \_\_\_\_\_ (yes) \_\_\_\_\_ Weekly or Monthly Amount? \_\_\_\_\_  
Date severance pay terminates? \_\_\_\_\_  
Has the person returned to work \_\_\_\_\_ (no) \_\_\_\_\_ (yes) \_\_\_\_\_

**Documentation Required:**

- ✓ Copy of most recent pay stub reflecting earnings to date.
- ✓ Notice of employment termination.
- ✓ Proof of projected income (unemployment statement, pension, etc.).
- ✓ Copy of most recent Federal Tax Return.

**Loss of untaxed income** – You, your spouse or your parent has lost some type of income other than the income listed above (e.g., social security, disability, AFDC, worker's compensation)

Name of person losing benefits \_\_\_\_\_  
Type of benefit lost \_\_\_\_\_ Effective date \_\_\_\_\_  
Expected income \_\_\_\_\_

**Documentation Required:**

- ✓ Notice supporting termination of benefits.
- ✓ Proof of projected income
- ✓ Copy of most recent Federal Tax Return.

**Full-time employment reduced to part-time** – You, your spouse or your parent worked 35 hours per week for 30 weeks but is no longer working full-time.

Name of the person working part-time \_\_\_\_\_  
Effective date of part-time status \_\_\_\_\_  
Amount earned prior to part-time status \_\_\_\_\_  
Current hours working per week \_\_\_\_\_ Wage /Hour \_\_\_\_\_  
Expected earnings \_\_\_\_\_

**Documentation Required:**

- ✓ Copy of most recent pay stub reflecting earnings to date.
- ✓ Letter from employer documenting part-time status including hours working per week and hourly rate.
- ✓ Copy of most recent Federal Tax Return

**\_\_\_\_\_ Divorce or Separation** – You, your spouse or parent have separated or divorced.

Name of person divorced or separated \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Date of divorce \_\_\_\_\_  
Date of separation \_\_\_\_\_  
Alimony/Child Support monthly amount \_\_\_\_\_  
Effective date \_\_\_\_\_

**Documentation Required:**

- ✓ Divorce decree, separation agreement, custody agreement
- ✓ Proof of child support or alimony amount
- ✓ Copy of most recent Federal Tax Return and wage statement for the divorcee or separated party
- ✓ Salem Community College Separation Statement (enclosed)
- ✓ Proof of separate living arrangements (e.g. licenses, rental agreements, custody agreement or divorce decree, utility bills or notorized statement declaring the relevant party is unable to be located.
- ✓ Copy of most recent Federal Tax Return.

**\_\_\_\_\_ Death** – Your spouse or your parent has died and your source of income has been reduced.

Name of deceased \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Date of death \_\_\_\_\_

**Documentation Required:**

- ✓ Death certificate
- ✓ Documentation of income lost
- ✓ Copy of most recent Federal Tax Return

**One-time Income** – You, your spouse or your parents’ tax return reflects a substantial amount of income in excess of the regular annual income reported. (e.g. IRA/pension distributions, inheritance, lottery winnings).

Type of income \_\_\_\_\_  
Amount of income \_\_\_\_\_

**Documentation Required:**

- ✓ Letter from student or parent (if applicable) describing the circumstances that created the additional income reported on the tax return.
- ✓ Documentation of the excess income and amount
- ✓ Documentation that the income is or is not available now (e.g. savings, checking account, or investment statements, paid bills).
- ✓ Copy of most recent Federal Tax Return.

**CERTIFICATION**

I certify that the information provided is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information I may be fined, sent to prison or both.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent (if applicable) \_\_\_\_\_ Date \_\_\_\_\_