

2021-2022 SPECIAL CIRCUMSTANCE REQUEST

Student Name

NCCC Student ID

The federal government realizes that sometimes families experience changes in circumstance since the completion of the FAFSA. This can include, but is not limited to, a change in marital status, reduction or loss of income, and reduction or loss of benefit.

This form addresses unusual circumstances or expenses during the 2021-2022 academic year that you were not able to report or explain on the FAFSA. If changes are approved and processed, this does not affect the New York State TAP Award.

The Financial Aid Office will evaluate and update the FAFSA with the approved circumstance and notify you regarding any increase in financial aid available.

How to Explain a Special Circumstance: Develop a signed statement explain the situation. Be specific, including important details such as what has changed, why the change has occurred and report dates. Explicit details will give us a more defined understanding of your situation. The Financial Aid office may requests additional documentation after reviewing this request.

Considerations of Special Circumstances: Please check which circumstance pertains to you or your family. In order for requests to be processed, all required documentation has to be received.

PURPOSE OF REQUEST

_____ Death of a parent or spouse on _____
Date

Provide a copy of Death Certificate or Notice.

_____ Termination of parent's/student/spouse employment on _____
Date

Provide a copy of termination notice, copy of the last pay stub, and unemployment benefits statement.

_____ Retirement of parent(s) on _____
Date

Provide Retirement Status Documentation

_____ Anticipated less employment for the 2021 tax year.

Provide a copy of pay records and statement explaining change in employment status

_____ Unusual medical expenses not covered by insurance.

Provide documentation of out-of-pocket expenses incurred during 2019

_____ Loss of taxed or untaxed income other than income earned from work.

Provide documented amount and provide explanation of loss

_____ Other _____

Certification: All of the information on this form is true to the best of my knowledge. I agree to provide proof of information. I also realize that if I do NOT provide proof, no changes in circumstance will be processed.

Signature

Date