

SPECIAL CIRCUMSTANCE / LOSS OF INCOME PETITION – 2021/2022

Student Name (print) _____ NCSC I.D. _____

The FAFSA (Federal financial aid application) is designed to obtain data which is used to determine a family's ability to pay for college at a particular point in time. Recognizing that family financial situations can change, colleges have the authority to consider some changes which are **beyond the family's control** when financial aid eligibility determinations are made.

These changes, or *special circumstances*, could include, but are not limited to, involuntary loss of employment or untaxed benefits, or having to pay for unusually high medical expenses. **Discretionary changes such as voluntary termination of employment or expenses such as normal living costs are not considered to be special circumstances.** In evaluating current year changes, the family's entire financial situation is reviewed, and only when a significant reduction in the family's ability to pay for college is established, can special circumstance adjustments be made.

The Financial Aid Office has exclusive authority regarding all procedures and decisions relating to special circumstances. Submitting a petition does not guarantee an increase in financial aid eligibility and does not obligate the Financial Aid Office in any way. Processing a petition may take several weeks or longer to complete.

The process

1. The FAFSA is completed using the financial information specified in the FAFSA instructions.
2. A family affected by financial changes completes this special circumstance petition and submits it along with all required documentation to the NC State Financial Aid Office (FAO).
3. The FAO determines, as precisely as possible, the dollar amount of the change.
4. If the amount of the change is not significant, no adjustment is made.
5. The dollar amount of changes significantly affecting a family's ability to pay for college is sent to the FAFSA processor.
6. The FAFSA processor recalculates eligibility and reports new information to the College and student.
7. The FAO makes a new financial aid award based on the FAFSA processor's revised calculation.

The petition form

1. Complete all five parts of this form.
2. Be as complete and precise as possible.
3. Provide thorough documentation including copies of 2019 and 2020 federal tax returns and W-2 forms.

1. INDICATE WITH AN "X" YOUR SPECIAL CIRCUMSTANCE OR THE REASON FOR YOUR LOSS OF INCOME.

Family changes

- Disability**--Provide a letter from a doctor describing the disability and giving a prognosis for returning to work. Include a letter verifying monthly disability benefits from Social Security, Workers' Compensation, employer, or other agency.
- Separation or divorce after the FAFSA has been filed**--Provide a copy of the divorce decree or separation agreement.
- Death of a parent or spouse after the FAFSA has been filed**--Provide a copy of the death certificate.

Unusual medical expenses

- Medical and Dental Expenses**—Your family pays medical or dental expenses that are not covered by insurance and these expenses exceed 11 percent of total family income. Provide a copy of Schedule A of both of your 2019 and 2020 federal tax returns, copies of canceled checks, or other documentation of medical and dental expenses that were paid out-of-pocket and when they were paid.

Loss of income from work. The action resulting in the loss of income must have occurred at least ten weeks prior to submission of this petition.

- Layoff**--Provide a letter from the employer stating the effective date and anticipated date of return.
- Involuntary hour or wage reduction**--Provide a letter of explanation from the employer.
- Involuntary termination**--Provide a letter from the employer stating the effective date. If this is not available, provide documentation from the local unemployment office.

Loss of other taxable income

- Alimony**--Provide a letter of explanation from a court official which includes the effective date/s.
- Unemployment compensation**--Provide documentation from Jobs & Family Services which identifies the date benefits terminate.
- Other**--Explain and provide appropriate documentation.

Loss of untaxed income

- Child support** – Provide a letter or court document stating the termination date of benefits.
- Workers’ Compensation** – Provide documentation from the Bureau of Workers’ Compensation stating the termination date of benefits.
- Other** – Explain and provide appropriate documentation.

Other Unusual Circumstance – Explain and provide appropriate documentation.

2. CURRENT CALENDAR YEAR ESTIMATED INCOME

Enter the total income that you, your spouse, and (if you are dependent on the FAFSA) your parent/s expect to receive from January 2021 thru December 2021. If an income source does not apply to you, enter \$0 in the response space. Thoroughly explain in Part 4 of this form how you determined your expected income.

Estimated Taxable Income for Calendar Year 2021

	<u>Student & Spouse</u>	<u>Parents of Dependent Students</u>
Wages, salaries, tips	Student \$ _____ Spouse \$ _____	Father \$ _____ Mother \$ _____
Pensions and annuities	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Business or farm income	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Estimated Untaxed Income for Calendar Year 2021

Child Support received	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Retirement or Disability income	\$ _____	\$ _____
Housing benefits	\$ _____	\$ _____
Cash paid on your behalf	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

3. FAMILY MEMBERS

Identify all persons in your family. Also identify the college at which any family member will be enrolled in a degree program at least half-time beginning July 1, 2021.

Full Name	Age	Relationship to You	College Attending, if Any
		Self	North Central State College

