North Central State College

Financial Aid Office

SPECIAL CIRCUMSTANCE / LOSS OF INCOME PETITION - 2024/2025

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 <u>all</u> five parts of this form.
- 2. Be as complete and precise as possible.
- 3. Provide thorough documentation including copies of 2022 and 2023 federal tax returns and W-2 forms.
- 4. Last paystub(s) from all employers.
- 5. Any other supporting documentation that would help to substantiate your request.
- 6. **Complete dependent or independent verification worksheet** and provide all required supporting documents.

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 2021 and 2022 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 2024 through December 2024. 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 2023

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

Estimated Untaxed Income for Calendar Year 2023

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, 2024.

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

4. NARRATIVE EXPLANATION OF SPECIAL CONDITION

Why are you asking that your financial aid eligibility be reviewed? Explain fully the change(s) which have affected your family's financial situation <u>since 2022</u>. Also, explain how you determined your income as stated in Part 2 of this form. Use an additional sheet if necessary.



5. CERTIFICATION

Each person making this certification agrees to the following:

All of the information on this form and on supporting documentation is true and complete to the best of my knowledge. If asked, I agree to provide additional supporting documentation. I understand that if I purposely give false or misleading information to acquire federal student aid, I may be subject to a fine, imprisonment, or both.

Student signature	Date
Spouse signature	Date
Mother's signature	Date
Father's signature	Date