



COMMUNITY COLLEGE

2018-2019 Special Circumstances Request

Office of Financial Aid
1480 Nashville Pike
Gallatin, TN 37066
Fax: (615) 230-3487
financial.aid@volstate.edu

Student Name: _____ Vol State ID #: _____

Phone Number: _____ Cell Number: _____

This form is for reporting income differences not originally considered on the FAFSA. Requests will be processed after the Financial Aid Office receives all required documentation including verification of the 2018/19 FAFSA information originally reported. After all documents have been reviewed, "if" you meet the recalculation requirements, adjustments will be made to your FAFSA. Results from adjustments made to your FAFSA will not guarantee an increase in financial aid funds.

This request provides an opportunity to document those special circumstances that significantly and negatively affect your ability to contribute to your cost of a college education. It is important to complete all items on this form accurately and to provide all required documentation to process this request. *If you are a dependent student, it will be necessary for you to provide income information for both yourself and your parent. You will need to use data retrieval on the FAFSA or turn in your 2016 tax return transcript as well as your 2017 tax return transcript for both student and parent(s) if dependent. This process could take up to 4 weeks or more for processing during peak times therefore, it is imperative that you turn in all documentation in a timely manner.

2017 Loss of Employment/Reduction in Income:

Please circle the family member(s) that experienced the change in income:

Father/Stepfather Mother/Stepmother Student Student's Spouse

Please check the box next to which of the following reasons apply to your situation and provide the documentation listed next to the reason:

- Loss of Employment
 - o Documentation: Your 2017 IRS tax Transcript for both student and parents of dependent students.
 - o If you did not file a 2017 tax return, we will need your last pay check stub which shows your 2017 year-to-date earnings.
 - o Documentation of your unemployment benefits if you did not file a 2017 tax return.
 - o 2016 IRS tax transcript (if you did not link your FAFSA to the IRS website when filing) and copies of your W-2 statements.
- Reduction in Income
 - o Documentation: Your 2017 IRS tax transcript for both student and parents of dependent students
 - o If you did not file a 2017 tax return, we will need your last pay check stub which shows your 2017 year-to-date earnings.
 - o 2016 IRS tax transcript (if you did not link your FAFSA to the IRS website when filing) and copies of your w-2 statements.

- Loss of Unemployment Compensation
 - Documentation: Your 2017 IRS tax transcript for both student and parents of dependent students.
 - An official statement indicating terminations of unemployment compensation.
 - 2016 IRS tax Transcript (if you did not link your FAFSA to the IRS website when filing) and copies of your W-2 statements.
- Reduction of Untaxed Income and/or Benefits
 - Documentation: Your 2017 IRS tax transcript for both student and parent(s) of dependent students.
 - A copy of the letter from the agency that provided benefits detailing reduction or termination of benefits.
 - Copy of benefits summaries (e.g. SSI, workers comp., child support, etc.).
 - For loss of child support, submit a copy of the divorce decree or court documents detailing the termination.
 - 2016 IRS tax transcript (if you did not link your FAFSA to the IRS website when filing) and copies of your W-2 statements.
- Other Example: Paid medical or dental expenses not covered by insurance, unusually high child care costs, elementary or secondary school tuition. Please write in on the line what your expense was:
 - Documentation: Your 2017 IRS tax transcript for both student and parent(s) of dependent students.
 - Medical – copies of the bills and proof of personal payments not including insurance (Unpaid medical bills will not be counted).
 - Child care costs – copy of letter from the agency and amount paid.
 - Tuition – a copy of letter from the school detailing the costs paid.
 - 2016 IRS tax transcript (if you did not link your FAFSA to the IRS website when filing) and copies of your W-2 statements.

Please provide in the space below a brief explanation of what has caused the income change and any other pertinent information regarding your family’s current financial situation: (Completion of this is required – if more space is needed continue on back).

Certification:

I certify by signing on the line below, that all information provided for this request is true and complete to the best of my knowledge. I know that if I do not provide all documentation requested, this request will not be processed. I further understand that if I am found to have intentionally provided false or misleading information or documentation, my appeal will be denied, and my eligibility for financial aid could be affected.

Students Signature & Date: _____

Parents Signature & Date: _____

15723-1054 Volunteer State Community College does not discriminate against students, employees or applicants for admission or employment on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age (as applicable), status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs and activities sponsored by Volunteer State Community College. The following person has been designated to handle inquiries regarding non-discrimination policies: Manager of Employee Relations & Equity, 1480 Nashville Pike, Gallatin, TN 37066, 615-230-3592, eeo@volstate.edu. Visit volstate.edu for full policy.

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Type of Income	From January 1, 2017 to TODAY	From Today thru December 31, 2017	Total for 2017
Father/Stepfather's Wages	\$	\$	\$
Mother/Stepmother's Wages	\$	\$	\$
Student's Wages	\$	\$	\$
Student's Spouses Wages	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Other Untaxed Income: (This includes disability, child support, social security, etc...) Specify: _____	\$	\$	\$
Other Taxable Income: (Alimony, annuities, pension, capital gains, dividends, interest) Specify: _____	\$	\$	\$

Comments: