

STUDENT NAME: _____

WCC ID: _____

In accordance with FAFSA requirements, a family's 2018 income is used to determine financial need for the **2020-2021** school year. You may use the Special Circumstances Request form to inform us of changes in your and/or your family's situation since filing the 2018 Federal Income Tax Return. Completion of the Special Circumstance Request form does not guarantee approval for the Federal Pell Grant or other types of need-based aid.

1) PERSONAL STATEMENT

Explain how your family income has changed since the **2018 federal tax returns were filed and the estimated family income for 2020** that you wish to be considered for Special Circumstances review. You must submit proof of these circumstances with this form. Use additional paper if necessary.

2) SPECIAL CIRCUMSTANCE(S)

Select the circumstance(s) for which you are requesting an individual review of your 2020-2021 FAFSA:

- Loss of employment or income due to layoff, company closure, termination, or involuntary resignation since the last tax year reported on the most recent FAFSA** Yes No
 - › **Full Name:** _____ **Relationship to student:** _____
 - › Last date of employment: _____ Date of lost wages from: _____ to _____
 - › Type of earnings or benefits lost: _____ Amount of earnings or benefits lost: _____
 - Provide evidence of loss of employment (*signed letter or notice on company letterhead*).
 - Provide evidence of loss of benefits (*court decisions, letters of denial*)
 - Proof of unemployment insurance, pay stubs or letter stating that unemployment was denied, and other sources of income earned in 2020.

- Separation or divorce since filing the FAFSA.** Student Parent
 - › Date of separation/divorce: _____ Number of family members remaining in household: _____
 - › Number of family members in college: _____ Total child support received or expected to receive: _____
 - Provide legal documentation of separation/divorce [court documents, divorce decree, or proof that the student and spouse or the parents are residing separately (*copy of lease agreement, utility bills, etc.*.)]

- Death – A parent or spouse received income for 2018 and has passed away.** Yes No
 - › Date of death: _____ Full Name of deceased: _____
 - › Relationship to student: _____ Number of family members in household: _____
 - › Number of family members in college: _____
 - Provide legal documentation of death (*a copy of death certificate*).

- One-time non-recurring income:** Student/Spouse Parent (*dependent student only*)
(Inheritance, retirement, IRA distribution, etc. that was reported on the 2018 IRS Tax Return but is not expected to reoccur in the future).
 - Attach evidence of one-time income (*legal forms, financial statements, etc.*)
 - Signed statement identifying the source of income and how the funds were spent or invested.

- Excessive out-of-pocket medical/dental expenses not covered by insurance.** Student/Spouse Parent (*dependent student only*) **NOTE: a review will not be considered for individual medical/dental bills or statements.**
 - Submit proof of medical/dental expenses paid in 2018 and NOT covered by insurance if you did not itemize deductions on your federal tax return. **Your personal statement from step 1 must include the total amount you paid out-of-pocket.**

Other circumstance(s) not listed on this form: Student/Spouse Parent (*dependent student only*).

— Explain this circumstance:

— Provide proof of the circumstance(s) you wish to have considered

NOTE: a review will not be considered for a parent's unwillingness to help pay for college, consumer debt, or mortgage/rent expenses.

3) COMPLETE AND ATTACH THE FOLLOWING FOR SPECIAL CIRCUMSTANCE(S) CONSIDERATION

- Completed WCC Verification Worksheet (Independent or Dependent)
- Signed copies of the 2018 **and** 2019 IRS Tax Return Transcripts (*available at www.irs.gov*) for student/spouse and/or parents of a dependent student. If a tax return was not filed, attach a signed copy of the IRS Verification of Non-Filing letter dated on or after 10/01/19.
- Copies of all 2018 & 2019 W2's, 1099's, and/or other statements of income earned from working for the student/spouse and/or parent(s) of a dependent student.
- Special Circumstances Estimated Income Worksheet.

SPECIAL CIRCUMSTANCES ESTIMATED INCOME WORKSHEET

Please provide the amounts that you and your family expect to receive between 01/01/2020 and 12/31/2020. **You must attach supporting documentation of your 2020 income.**

Anticipated Income for 2020	Actual Income 01/01/20 - today	+	Estimated Income Today – 12/31/20	=	2020 Total Income
Student's expected 2020 income earned from work (wages, salaries, tips, net business/farm income)	\$	+	\$	=	\$
Student's expected 2020 unemployment compensation	\$	+	\$	=	\$
Spouse's expected 2020 income earned from work (wages, salaries, tips, net business/farm income)	\$	+	\$	=	\$
Spouse's expected 2020 unemployment compensation	\$	+	\$	=	\$
Parent(s) expected 2020 income earned from work (wages, salaries, tips, net business/farm income) DEPENDENT STUDENT ONLY	\$	+	\$	=	\$
Disability Income	\$	+	\$	=	\$
Child Support	\$	+	\$	=	\$
Workers Compensation	\$	+	\$	=	\$
Other: _____	\$	+	\$	=	\$
Total Income for 2020	\$		\$		\$

4) CERTIFICATION AND SIGNATURE

By signing below, I certify that the information provided on this form, attached worksheets, and other supporting documentation is true and complete as of this date. I understand that the request for an individual review is not guaranteed to result in a change to my financial aid package. I further understand that the Special Circumstances Request does not guarantee approval for the Federal Pell Grant or other types of need-based aid. Completion of this form is not a substitute for payment of applicable charges to the College.

Purposefully giving false or misleading information may result in fines up to \$20,000, imprisonment or both. The Secretary of Education has the authority to verify information reported on the FAFSA with the IRS and other federal agencies.

STUDENT SIGNATURE: _____

DATE: _____ / _____ /20 _____

PARENT SIGNATURE: _____
(Dependent student ONLY)

DATE: _____ / _____ /20 _____

RETURN THIS COMPLETED FORM WITH ALL SUPPORTING DOCUMENTATION TO:
Wayne Community College – Financial Aid Office – PO Box 8002 – Goldsboro, NC 27533
FAX: 919-736-9425

Wayne Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Wayne Community College. The Commission on Colleges may be contacted only if there is evidence that Wayne Community College is significantly non-compliant with a requirement or standard. Accreditation standards are located at <http://www.sacscoc.org/principles.asp>. Inquiries about Wayne Community College, such as admissions requirements, financial aid, educational programs, etc. should be addressed directly to Wayne Community College and not the Commission's Office.