

STUDENT NAME: _____

WCC ID: _____

In accordance with federal laws and regulations, a family's 2017 income is used to determine financial need for the 2019-2020 school year. Sometimes unexpected life events occur that may have an adverse effect on the economic state of the family and may not reflect the current financial status. If you and/or your family have experienced circumstance(s) that caused a significant negative impact on the family's financial status, you may complete this form to request an individual review of your **2019-2020 FAFSA**.

1) PERSONAL STATEMENT

- Attach a typed, signed, dated, and detailed description of the circumstance(s) that led to a change in household income. The statement must include specific information regarding how the family income has changed since the **2017 federal tax returns were filed and the estimated family income for 2019.**

2) SPECIAL CIRCUMSTANCE(S)

Select the circumstance(s) for which you are requesting an individual review of your 2019-2020 FAFSA:

- Loss of employment/reduction in income for:** _____
Relationship to student: _____ Last date of employment: _____
___ Attach a copy of employer notification of loss or change in employment, most recent paystub(s) for 2019, notice of unemployment benefits and other sources of income earned in 2019.
- Loss of wage earner due to death, divorce, or separation.**
— Attach a copy of the death certificate, divorce decree, or legal separation papers.
— If death, name of deceased: _____ Relationship to student: _____
- Loss of taxable/untaxed income:** Student Spouse Parent (*dependent student only*)
— Attach documentation of taxable income, including the type and dollar amount. (*severance pay, dividends, interest, pensions, annuities, alimony, unemployment compensation, early distributions from retirement, capital gains, rental/business income, etc.*)
- Medical/Dental Expenses:** 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 2017 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 above:** Student Spouse Parent (*dependent student only*)
NOTE: a review will not be considered for a parent's unwillingness to help pay for college, consumer debt, nor mortgage/rent expenses.
— Your personal statement from step 1 must provide a detailed explanation of your special circumstance.

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

- Complete and sign the WCC Verification Worksheet (Independent or Dependent)
- Attach signed copies of the 2017 and 2018 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 10/01/18.
- Attach copies of all 2017 & 2018 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.
- Complete the Special Circumstances Estimated Income Worksheet.

SPECIAL CIRCUMSTANCES ESTIMATED INCOME WORKSHEET

Please provide the amounts that you and your family expect to receive between 01/01/19 and 12/31/19. **You must attach supporting documentation of your 2019 income.**

Anticipated Income for 2019	Actual Income 01/01/19 - today	+	Estimated Income Today – 12/31/19	=	2019 Total Income
Student's expected 2019 income earned from work (wages, salaries, tips, net business/farm income)	\$	+	\$	=	\$
Student's expected 2019 unemployment compensation	\$	+	\$	=	\$
Spouse's expected 2019 income earned from work (wages, salaries, tips, net business/farm income)	\$	+	\$	=	\$
Spouse's expected 2019 unemployment compensation	\$	+	\$	=	\$
Parent(s) expected 2019 income earned from work (wages, salaries, tips, net business/farm income) DEPENDENT STUDENT ONLY	\$	+	\$	=	\$
Disability Income	\$	+	\$	=	\$
Child Support	\$	+	\$	=	\$
Workers Compensation	\$	+	\$	=	\$
Other: _____	\$	+	\$	=	\$
Total Income for 2019	\$		\$		\$

3) 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.

STUDENT SIGNATURE: _____ **DATE:** ____/____/20____

PARENT SIGNATURE: _____ **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.

FOR FINANCIAL AID OFFICE USE ONLY		
____ Approved	Recalculated EFC: _____	Corrected Transaction: _____
Recalculation based on: _____ _____		
____ Not Performed	Reason: _____	
Based on the information provided, I have used my professional judgment to adjust/not adjust the data elements used to recalculate the student's EFC for the 2019-2020 school year.		
FA Officer Signature: _____	Date: ____/____/20____	
ENTER COMMENTS IN COMMUNICATIONS MANAGEMENT(CRI)		

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