2022-2023 Special Circumstance Request Form

Student’s Name: ___________________________ Student ID #: ___________________________

Mailing Address: ___________________________ Date of Birth: ___________________________

Email Address: ___________________________ Telephone Number: _______________________

Complete this form, if you or your family have unusual circumstances that may affect your ability to contribute to your 2022-2023 educational expenses. Special circumstances that may be considered are separation/divorce, death, change or loss of employment income, unusually high medical expenses, or loss of benefits, etc. Submit this completed form with the required documentation listed below to your campus aid office.

**Verification of your FAFSA information must be completed first before adjustments can be made. Regularly check your LOLA account for requirements to see what documents are needed.

| Required Steps for Special Circumstance Request: (incomplete request will not be accepted) |
| --- | --- |
| 1. Complete your 2022-2023 FAFSA and have it sent to the Financial Aid Office. | • [www.fafsa.gov](http://www.fafsa.gov)  
• Federal Processor will send us your FAFSA results |
| 2. Attach a Signed Letter specifying your unusual circumstances | • Include date(s) situation occurred  
• Specify all employers where job loss occurred  
• List ALL 2020 or 2021 employers for student, spouse, & parents |
| 4. Provide copies of 2020 and 2021 W-2 Forms AND/OR 2020 and 2021 1099 Forms | • For independent student (and student’s spouse, if married); or  
• For dependent student and student’s parent(s)  
• 2020 and 2021 W-2 wages must match IRS transcript wages for both years,  
• If W-2 is not available, send 2020 and 2021 IRS Wage & Income Transcript available at: [www.irs.gov/transcript](http://www.irs.gov/transcript) |
| 5. Provide 2020 and 2021 Income Tax Records | • For 2020 and 2021 Tax Filers (send Tax Return Transcript for each person)  
  ▶ Independent student (and spouse if student is married) or  
  ▶ Dependent student and parent (parent & current spouse, or both parents if unmarried & living together)  
  ▶ Request at [www.irs.gov/transcript](http://www.irs.gov/transcript), or 1-800-908-9946  
• For 2020 and 2021 Non-tax Filers (complete the 2022-2023 Verification form for each person who did not file a tax return)  
  ▶ Student section (student and student spouse, if married)  
  ▶ Parent section (parent and parent spouse, if married)  
  ▶ [www.nunez.edu](http://www.nunez.edu) under Financial Aid - Forms and documents |
| 6. Complete Special Circumstance Request Form | • Complete ALL applicable sections and questions of this form, and sign the certification statement at the end:  
  ▶ Independent student and spouse (if student is married)  
  ▶ Dependent student and parent |
| 7. Documentation required, specific to your situation | • Required documents listed under “Reason for Special Circumstance Request”

Reason for Special Circumstance Request
### Documents Required (must pertain to person who had the loss)

| Reason (check box(s) below) | Whose situation Changed in 2020 or 2021? | 1. Employer Separation/Termination Notice or employer signed statement:  
   a. Must be on company letterhead  
   b. Must document severance package (if received)  
   c. Must specify effective date of separation/termination  
   2. Copy of last 2020 or 2021 pay stub received from student/spouse/parent affected:  
      a. For All 2020 and/or 2021 employers  
   3. Did or Will the person who had the job loss receive unemployment?  
      a. ☐ Yes ☐ No (If yes, Unemployment Benefit Statement required)  
   4. Did or Will this person remain Unemployed for 2021 or 2022?  
      a. ☐ Yes ☐ No  
   5. Is this person now employed?  
      a. ☐ Yes, Date employment began _____/_______  
   6. Did or Will this person remain Unemployed for 2021 or 2022?  
      a. ☐ Yes, Date employment began _____/_______  
|  | Student | Spouse | Parent |  
| ☐ Employment Loss | ☐ Layoff | ☐ Termination |  

|  | ☐ Student | ☐ Parent |  
| ☐ Divorce/Separation |  
|  | ☐ Student | ☐ Spouse | ☐ Parent |  

|  | 1. Copy of divorce decree or signed letter from lawyer (must verify separation with intent to divorce)  
   2. Specify date of divorce/separation ______/_______  
| ☐ Death | ☐ Student | ☐ Spouse | ☐ Parent |  

|  | 1. Copy of Death Certificate or full Obituary  
   2. Specify date of death occurred: ______/_______  
| ☐ Excessive Medical Expenses | ☐ Student | ☐ Spouse | ☐ Parent |  

|  | 1. Copy of Schedule A from 2020 or 2021 federal tax return transcript or  
   2. Doctor/Hospital payments for 2020 or 2021 out-of-pocket expenses that you have already paid, beyond what your insurance covers  
| ☐ Other | ☐ Student | ☐ Spouse | ☐ Parent |  

|  | 1. Documentation necessary to provide proof of your unusual circumstances  
   2. Loss of alimony, child support, etc. must be documented by appropriate court order or official documentation  
   3. Date(s) must be documented  

### 2022-23 Income You/Family Expect to Receive

<table>
<thead>
<tr>
<th>Whose Income?</th>
<th>Total Estimated Annual Income from January 01, 2022 through December 31, 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Income earned from work</td>
<td></td>
</tr>
<tr>
<td>☐ Student</td>
<td>☐ Spouse</td>
</tr>
</tbody>
</table>
   | $___________ (Student)  
   | $___________ (Student’s Spouse)  
   | $___________ (Parent)  
| ☐ Taxable Income |  
   (Unemployment Benefits, Interest/Dividend Income, Rental Alimony, etc.)  
   | ☐ Student | ☐ Spouse | ☐ Parent |  
   | $___________ (Student)  
   | $___________ (Student’s Spouse)  
   | $___________ (Parent)  
| ☐ Nontaxable Income |  
   (TANF, SNAP, Social Security Benefits, WIC, Child Support, Worker’s Compensation, etc.)  
   | ☐ Student | ☐ Spouse | ☐ Parent |  
   | $___________ (Student)  
   | $___________ (Student’s Spouse)  
   | $___________ (Parent)  

### Certification Statement

By signing this form, I certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge. I agree to notify the Financial Aid Office, if any of the information provided on this form changes.  

**Warning:** Purposefully giving false or misleading information may result in a fine, imprisonment, or both.

Student Signature ____________________________ Date ____________  

Student Spouse Signature ____________________________ Date ____________  

(If student is married)  

Parent Signature ____________________________ Date ____________  

(Independent students must also include parent signature)  

### TO BE COMPLETED BY FINANCIAL AID SCHOOL OFFICIAL

☐ Approved  ☐ Denied

Comments: ____________________________

Printed Name of School Official ____________________________ Title ____________________________

School Official Signature ____________________________ Date ____________