| NEW RIVER Community College Special Circumstance Student Name: Student ID Number: | | | | |
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| | | | • | lete this form if your, your spouse's, or your parents' financial situation has changed significantly the information you entered on the FAFSA for the 2023-2024 school year. |
| the FA | e we will consider an income reduction, we must verify that the information originally submitted on AFSA is correct. If you have not already completed the verification process, you will need to submit sof 2021 IRS tax return transcripts and may be asked for additional documentation. | | | |
| Check | 1 – Reason for Appeal: There are five conditions under which recalculations will be considered. the appropriate condition that applies to you and your family and submit the required ments. | | | |
| | Loss of Job/Decrease in Income: You, your spouse or your parents lost a job or are no longer employed full-time. You must submit a signed statement indicating the circumstances and include either a copy of the unemployment benefits statement, the letter of termination, or a signed statement indicating loss of job on company letterhead from the former company. Please include the dates of job loss or switching to part time in your signed statement. | | | |
| | Loss of Untaxed Income: You, your spouse or your parents received some form of untaxed income or benefit and has partially or completely lost that income or benefit. Attach a signed statement explaining the benefit and circumstances. | | | |
| | Loss of Taxable Income: You, your spouse or your parents received other taxable income such as unemployment, retirement, etc. and has completely lost that income or benefit. Attach a signed statement explaining the benefit and circumstances. | | | |
| | ☐ Death of Spouse or Parent: Your spouse or parent for whom income was submitted on the FAFSA has died. <i>Please submit a copy of the death certificate</i> . | | | |
| | Unusual/Unreimbursed Medical Expenses: You, your spouse or your parents paid unusual medical/dental expense (over \$2,000 out-of-pocket and not reimbursed by insurance) in 2021 or 2022. Attach a detailed explanation, listing the expenses paid in either 2021 or 2022, and documentation to show expense. (A year-end statement from your health insurance company is ideal documentation.) | | | |

STEP 2 – Which Calendar Year's Income Do You Wish to Be Considered?

| <u>Only one request</u> for consideration of reduced income processed for 2023-2024. Please check the request you | |
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| ☐ I am requesting that NRCC Financial Aid staf completed tax information. I am submitting my applicable) or my 2022 IRS tax return transcripts required on the 2023-2024 FAFSA. | |
| ☐ I am requesting that NRCC Financial Aid staf estimated tax information. I understand that NR 2023, and only up until November 1, 2023 (after selected). I will submit: | CC will not project 2023 income until after July 1, |
| date earnings) Copies of spouse's most recent/last 2 year-to-date earnings), if applicable Copies of each parent's most recent/include year-to-date earnings) for each complete the FAFSA As of date of submission, documental spouse, if applicable, and my parents From date of submission through the untaxed income for all required familiary. | er November 1, 2023. I will submit my 2023 IRS able) or 2023 IRS tax return transcripts for me |
| Income reduction appeals that do not have proper supp will be declined. You, your spouse, or your parents migh and documentation that will support your request for re information on this form is true and complete to the be | nt be required to provide additional information ecalculation due to income reduction. All the |
| Signature of Student | Date |
| Signature of Parent (if parental information on FAFSA) | Date |