



**Office of Student Financial Aid
Special Circumstances Appeal 2019-2020**

**Please allow up to 30 days for this form to be processed
Deadline to submit form is April 1, 2020**

This form is used to request special consideration for Federal Student Aid due to separation/divorce, death, loss of employment, excessive medical expenses, loss of untaxed income or benefits, etc. Incomplete requests will not be considered. **Approval does not guarantee additional funding.**

_____	XXX	_____	
Student's Name		Banner ID	
_____	City	State	Zip Code
_____	()	_____	
Student Email Address		Student Telephone Number	

*****Place a check mark in appropriate box for your request*****

Section A: Job Loss/Reduction in Income (Must be continuous for at least 3 months before appeal will be considered)

You are required to submit all the following information:

- Provide a detailed letter (parent) or (student if independent) explaining the circumstances upon which you are requesting for review. Include dates indicating when circumstances occurred.
- Submit year-to-date earnings statement or copy of final paystub;
- Submit a copy of most recent paystub if you, a parent or spouse is currently employed;
- Submit documentation of unemployment, severance pay, disability or etc.
- Submit a completed 2019-2020 Verification Worksheet;
- Provide copy of 2017 and 2018 tax return transcript and copies of all W-2's.
- Submit letter from employer indicating employee's termination date and any payments or benefits received due to the separation; and complete income estimation table below.

2018 INCOME ESTIMATION TABLE

January 1, 2019– December 31, 2019

Provide documentation or statement verifying how you arrived at the following figures

Income from work by student	Amount: \$ _____
Income from work by student's spouse	Amount: \$ _____
Income from work by father/stepfather	Amount: \$ _____
Income from work by mother/stepmother	Amount: \$ _____

PROVIDE DOCUMENTATION

Other taxable income -- List sources (i.e., unemployment compensation, disability benefits, interest and dividend income, alimony, pensions, real estate income, capital gains/losses, and all other taxable income):

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
	Total: \$ _____

PROVIDE DOCUMENTATION

Nontaxable income – List sources (i.e., TANF, Social Security benefits, child support, and all other non-taxable income):

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
	Total: \$ _____



Section B – Divorce/Separation or Death:

- A copy of divorce decree, death certificate, separation agreement, or obituary.
- Provide a detailed letter (parent) or (student if independent) explaining the circumstances upon which you are requesting for review. Include dates indicating when circumstance occurred.
- Letter from appropriate State or Federal agency or other legal documentation specifying termination date and amount of benefits received.
- Submit a completed 2019-2020 Verification Worksheet;
- If joint tax return was filed, attach copies of 2017 and 2018 tax return transcript or 2017 and 2018 signed tax return and copies of all W-2's and supporting schedules.

Section C- Medical Expenses – (Unreimbursed expenses only)

- Submit a complete Federal 2017 and 2018 IRS tax transcript or a copy of your 2017 and 2018 signed tax return, a copy of Schedule A and all W-2's. Submit a completed 2019-2020 Verification Worksheet. If deductions were not itemized, complete the table below and attach documentation showing total checks or receipts paid by you in 2017. **We cannot consider balances that have not been paid or paid by insurance.**

Medical Expense Table			
Name of Family Member	Month/Year Expenses Incurred	Total Charge	Amount Paid by Family (out-of-pockets)
<i>Example: Jane Johnson</i>	<i>10/18</i>	<i>\$5,000</i>	<i>\$4,000</i>
Total Amount of expenses Paid by Family →			\$

Sign the Certification Statement below:

All the information on this Special Circumstances Appeal Form is true and complete to the best of my knowledge.
 I understand that underestimating projected income may result in reduced aid eligibility, repayment of aid, or both, in this year and/or the next year. I also understand that if I purposely give false or misleading information on this Appeal Form, I may be subject to a fine, a prison sentence or both.

If you are a dependent student, one parent must also sign. If you are a married student, your spouse must also sign.

_____	_____	_____	_____
Student	Date	Parent	Date
_____	_____		
Student's Spouse	Date		

Mail or Fax completed form to:
 North Carolina Agricultural and Technical State University
 Office of Student Financial Aid
 1601 E. Market Street
 Greensboro, North Carolina 27411
 Telephone: 336-334-7973 Fax: 336-334-7954

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 UPDATED: 04/19