



2019-2020 Special Circumstance Application

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ BRCC # \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

If the Special Circumstance Application indicates adjustments can be made, I authorize Blue Ridge Community College to make these changes electronically on my behalf.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ (Parent Signature is required for Dependent Students)

You have indicated that there are circumstances that may affect the results of your Free Application for Federal Student Aid (FAFSA). Please indicate the type of special circumstance that applies to you and your family and submit all the required documentation listed below. You will be notified after your information has been reviewed.

\_\_\_ 1. Unemployment/Loss of Income \_\_\_ Student \_\_\_ Mother \_\_\_ Father \_\_\_ Spouse

Period of unemployment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.

- \_\_\_ Layoff: Provide letter from employer or unemployment commission stating effective date.
\_\_\_ Termination: Provide letter from employer or unemployment commission stating effective date.

Documents Required:

- Copy of 2017 & 2018 Federal Tax Returns, including all W-2s
Verification of 2019 year-to-date earnings
Statement from Employment Security Office of expected 2019 unemployment benefits (if applicable)
Completed Estimated Income Table for 2019 (on reverse side)
Retirement pay statement for 2019 (if applicable)
Business Balance Sheet & Statement of Owner's Equity (if applicable)

\_\_\_ 2. Loss of benefits and/or untaxed income

Documents Required:

- Documentation certifying loss of a benefit or untaxed income.
1. Child Support: Provide court document or personal statement re: termination of benefits
2. Worker's Compensation: Provide a letter from Bureau of Worker's Compensation stating termination date of benefits

\_\_\_ 3. Death of parent or spouse (after FAFSA was completed): \_\_\_ Mother \_\_\_ Father \_\_\_ Spouse

Documents Required:

- A copy of the death certificate
2017 & 2018 Federal Income Tax Returns & all W-2 Forms for student and parent (if dependent student)



\_\_\_ 4. Divorce / Legal Separation (after FAFSA completed)      \_\_\_ Student/Spouse \_\_\_ Parents

**Documents Required:**

A copy of the divorce decree, legal separation agreement, OR a letter from the attorney verifying the separation date.  
 If the separation is not yet legal, rent receipts / mortgage statements, gas, electric, or water bills showing separate households.  
 2017 & 2018 Federal Income Tax Returns & all W-2 Forms for student and parent (if dependent student)  
 Completed Estimated Income Table for 2019 (see below)

\_\_\_ 5. Unusual Medical/Dental Expenses

**Documents Required:**

Copy of 2017 & 2018 Federal Tax Returns, including Schedule A  
 Statements from medical providers showing amounts **paid** by parents/student in 2019  
 Statements from medical providers showing amounts outstanding

\_\_\_ 6. Disability of parent, student or spouse    \_\_\_ Student    \_\_\_ Mother    \_\_\_ Father    \_\_\_ Spouse

**Documents Required:**

A letter from the Physician stating the date of the disability  
 Completed Estimated Income Table for 2019 (see below)

## ESTIMATED INCOME FOR 2019 CALENDAR YEAR

If you (the student) are divorced or separated, include only your income information. If your parents are divorced or separated, include only your custodial parent's income information. If loss of income is due to the death of your spouse/parent, include only your income information/surviving parent's income information.

NOTE: Write in Zero (0) if an item does not apply	Father/Step-Father	Mother/Step-Mother	Student	Spouse
Wages/Salaries/Tips				
Unemployment Benefits				
Pensions				
Alimony				
Other Taxable Income				
Social Security Benefits				
Child Support Received				
Other Untaxed Income				
<b>TOTAL ESTIMATED INCOME</b>				

INTERNAL OFFICE USE ONLY

Reviewer \_\_\_\_\_ Decision \_\_\_\_\_ Date \_\_\_\_\_

Changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_