



2017-2018 Special Circumstance Application

_____		_____		_____	
Student Last Name		First Name		BRCC ID#	
_____		_____		_____	
Student Address		City	ST	Zip	
_____		_____			
Home 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	
		(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 2015 Federal Tax Return, including all W-2s
- Verification of 2016 earnings (& 2017, if applicable) up to the date of last employment (including severance pay)
- Statement from Employment Security Office of expected 2017 unemployment benefits (if applicable)
- Completed Estimated Income Table for 2017 (on reverse side)
- Retirement pay statement for 2017 (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
- 2015 Federal Income Tax Return & 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.

2015 Federal Income Tax Return & all W-2 Forms for student and parent (if dependent student)
Completed Estimated Income Table for 2017(see below)

___ 5. Unusual Medical/Dental Expenses

Documents Required:

Copy of 2015 Federal Tax Return, including Schedule A

Statements from medical providers showing amounts **paid** by parents/student in 2017

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 2017 (see below)

ESTIMATED INCOME FOR 2017 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				
TOTAL ESTIMATED INCOME				

INTERNAL OFFICE USE ONLY

Reviewer

Decision

Date

Changes: _____

