

**2020-2021 DOCUMENTATION REQUIRED  
FOR  
SPECIAL CIRCUMSTANCE REVIEW**



Students who request a special circumstance review must provide the following information to support his/her case. Professional judgment review will be considered for students who have extenuating financial circumstances. Additional documentation that is not listed may be requested. The Director of Financial Aid determines the approval or denial of a special circumstance review.

<b>Required Documents:</b>
1. Special circumstance review form (attached)
2. Letter from previous employer stating dates of employment and reason for dismissal.
3. Verification of any unemployment or TRA benefits
4. Student and/or spouse's most recent financial information that documents change in income (tax return transcript, W2, disability benefit, etc.)
5. Student and/or spouse's current check stub from work (if student and/or spouse are currently employed)
<b>Dependent students must also provide the following documentation:</b>
1. Parent's most recent financial information that documents change in income (tax return transcript, W2, disability benefit, etc.)
2. Parent's current check stub from work (if parents are currently employed)
<b>Other Documentation as listed below:</b>

# 2020-2021 SPECIAL CIRCUMSTANCE REVIEW FORM

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_ SSN \_\_\_\_\_

Parent(s) Name (if applicable) \_\_\_\_\_

1. Will your income and/or your spouse's or parents' income be less in this year than last year?  
**Yes**
**No**
2. Please circle the appropriate reason and explain below, giving the date of the change in your situation.
 

<p><b>a.</b> Loss of job due to plant closure/layoff</p> <p><b>b.</b> Death of spouse or parent</p> <p><b>c.</b> Disability of student, spouse, or parent</p>	<p><b>d.</b> One-time income (examples: back year Social Security, IRA or pension distribution)</p> <p><b>e.</b> Other</p>
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Please explain your special circumstance in detail – attach additional sheets if necessary:

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**DOCUMENTATION REQUIRED!** Attach copies of all documents to support your request.

(Examples: last pay stub, unemployment forms, layoff notice, doctor's note, disability claim, death certificate, etc.)

<u>Current/Expected Household Income</u>	<u>Student/Spouse</u>	<u>Parent</u>
Student wages, salaries, tips (including severance pay, disability payments and other income from work)		
Spouse wages, salaries, tips (including severance pay, disability payments and other income from work)		
Father's wages, salaries, tips (including severance pay, disability payments and other income from work)		
Mother's wages, salaries, tips (including severance pay, disability payments and other income from work)		
Other taxable income (include unemployment benefits)		
Aid to Families with Dependent Children (AFDC)		
Alimony and/or child support received		
Other untaxed income (worker's comp, etc.)		
<b>Total Expected Income</b>		

Household' support includes benefits provided by the following programs (provide documentation):

	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROGRAM AND/OR AGENCY</b>	STUDENT	PARENT

Supplemental Security Income (SSI)		
Social Security (Retirement)		
Social Security Disability		
Food Stamps		
Free or Reduced Price School Lunch		
TANF		
WIC		
VA – CHAPTER _____		

Date \_\_\_\_\_

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

Parent Signature \_\_\_\_\_

**\*If you or your parent are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent give only your information or the information of the surviving parent.**

WCC affords equal opportunity to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. WCC will make reasonable accommodations for persons with disabilities.

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**OFFICE USE ONLY**

FA OFFICE STAFF SIGNATURE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**PJ DECISION:**

**APPROVED    DENIED**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

FAO Signature \_\_\_\_\_