



2022-2023 Review of Special Circumstances Request Form Federal Student Aid Programs

Important Notes about Submitting an Appeal Due to Special Circumstances:

1. You are submitting this form to appeal your financial aid award offer due to special circumstances. You may complete this form if you, your spouse's, or your parents' (for dependent students) financial situation has been altered significantly from the information you were required to provide on the current FAFSA.
2. Please be aware that if you filed your 2022-2023 FAFSA and received an EFC = Zero (0), you already receive the maximum in federal aid. Submitting this appeal will not result in a change to your financial aid offer.
3. If the estimated income for 2021 is approximately the same or higher due to receiving unemployment, severance pay, other untaxed income, etc. than the 2020 income listed on the FAFSA, then submitting this appeal will not result in a change to your financial aid offer.
4. Please read this form carefully and submit all documentation requested. Information from this form, the supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if we can assist you.
5. **Please note this form does not guarantee your request will be approved or that you will be eligible for additional aid.**

Student Information (please print):

Last Name, First Name, Middle Initial		Social Security# and Student ID (A Number)		Date of Birth
Address		City	State	Zip
Phone Number (include area code)		Email Address		

Please review and select the special circumstance(s) that applies to you. All items listed under the "required documentation checklist" for your special circumstance must be submitted along with this form to avoid delays.

Select	Special Circumstance	Dependent Student	Independent Student	Required Documentation Checklist
<input type="checkbox"/>	Loss of Employment	Your parent(s) earned income in 2021 will be less than that earned in 2020	You (and/or your spouse's) income earned in 2021 will be less than that earned in 2020	Attach: <ul style="list-style-type: none"> <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2021 Income Tax Return Transcript (ordered from the IRS from irs.gov) <input type="checkbox"/> 2021 W-2 wage statement for all jobs <input type="checkbox"/> Last pay stub from former employer showing year-to-date earnings <input type="checkbox"/> If employed again, your latest pay stub from current job. <input type="checkbox"/> Termination notice from employer <input type="checkbox"/> Unemployment benefit notice
<input type="checkbox"/>	Other Loss of Income	Your parent(s) received benefits in 2020 which have ceased or been reduced in 2021	You (and/or your spouse) received benefits in 2020 which have ceased or been reduced in 2021	Attach: <ul style="list-style-type: none"> <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2021 Income Tax Return Transcript (ordered from the IRS from irs.gov) <input type="checkbox"/> 2021 W-2 wage statement for all jobs <input type="checkbox"/> Original 2021 benefit statement showing total amount received. <input type="checkbox"/> Revised benefit statement listing updated amount to receive effective date
<input type="checkbox"/>	Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA	You and your spouse separated or divorced AFTER filing the FAFSA	Attach: <ul style="list-style-type: none"> <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2021 Income Tax Return Transcript (ordered from the IRS from irs.gov) <input type="checkbox"/> 2021 W-2 wage statement for all jobs <input type="checkbox"/> Divorce decree or separation agreement or proof of separate residences/addresses
<input type="checkbox"/>	Death of Parent or Spouse	A parent has died	Your spouse has died	Attach: <ul style="list-style-type: none"> <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2021 Income Tax Return Transcript (ordered from the IRS from irs.gov) <input type="checkbox"/> 2021 W-2 wage statement for all jobs <input type="checkbox"/> Applicable death certificate
<input type="checkbox"/>	Medical/Dental Expenses	Paid 2021 medical expenses by you or your parents were over 11% of AGI	Paid 2021 medical expenses by you or your spouse were over 11% of AGI	Attach: <ul style="list-style-type: none"> <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2021 Income Tax Return Transcript (ordered from the IRS from irs.gov) <input type="checkbox"/> 2021 W-2 wage statement for all jobs <input type="checkbox"/> Proof of all paid out of pocket expenses for 2020
<input type="checkbox"/>	Other	Parents situation has changed	You or your spouse's situation has changed	Attach: <ul style="list-style-type: none"> <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2021 Income Tax Return Transcript (ordered from the IRS from irs.gov) <input type="checkbox"/> 2021 W-2 wage statement for all jobs <input type="checkbox"/> Other documentation proving your request

Projected Income and Benefits from 1/1/2021 through 12/31/2021:

Before we can consider any changes, you must provide the following information including the best estimate of the changes in the financial situation for yourself and/or your parents for the period from 1/1/2021 – 12/31/2021. Please provide the actual amount from 2020 PLUS an estimate from today to 12/31/2021. If you are listing income and benefits as "0", you must provide an explanation on a separate sheet of paper explaining living expenses and support.

If this section is not complete, your request will not be processed.

Income Item	Parent 1	Parent 2	Student	Student's Spouse
Wages, Tips, Salary				
Interest and/or Dividend Income				
Unemployment Compensation				
Pensions and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits				
Child Support				
Alimony				
Other (Explain)				
Total of All Income				

Required Personal Statement/Explanation of Special Circumstances

Please attach a separate page. Be sure to include all relevant information. Your written explanation should be as detailed as possible. All personal statements should be signed and dated.

CERTIFICATION STATEMENT

(Please read carefully before signing)

All relevant or requested information and/or documentation must be attached to your request.

Incomplete requests will not be reviewed. Requests are processed in a timely manner through the Financial Aid Office.

By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility, including any attached personal statements and/or documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have given false or fraudulent statements and/or documentation, this request will be denied and any eligibility for federal and state student aid may be suspended or canceled.

Student Signature

Date

Parent or Spouse Signature

Date

Office Use

Approved _____

Denied _____

Director of **Student Financial Services**

Date

Please note that processing may take 3 - 4 weeks after documents are received especially during peak processing.

MAIL THIS FORM TO ADDRESS BELOW...

OR

... return to Financial Aid office located at either campus:

Calhoun Community College
Office of Financial Aid
P.O. Box 2216
Decatur, AL 35609

Decatur Campus
6250 Hwy 31 North
Tanner, AL 35671
256-306-2628

Huntsville/Research Park Campus
102-B Wynn Drive
Huntsville, AL 35805
256-306-2628