2014-2015 REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES

Student’s Name: ___________________________________________ NECC ID: _______________________

Financial need is based on a family’s 2013 gross annual income. If your financial status has changed since you filed the FAFSA, we will consider reevaluating your financial need based on your special circumstances. Once your request is evaluated you will be notified by email of the outcome of your request.

If your change in financial circumstances includes one of the following, please check and submit the required documentation. Complete the 2014 Projected Year Income Chart (located on the other side of this form). Your request is considered incomplete if all required documentation is not submitted. Your request will not be finalized until all documentation is received.

Check One of the following and submit all documents:

☐ 1. You, your spouse, or your parent(s) have lost employment because of termination, layoff, disability, retirement, company closing, plant shutdown.

Documents Required:
- Letter of explanation
- Verification worksheet
- Signed copy of 2013 federal income tax forms including all schedules and W-2’s for you/your spouse and/or our parent(s)
- Copy of most recent earnings statement, listing year-to-date earnings from all jobs for you, your spouse, or your parent(s), including those no longer held
- Copy of Unemployment Benefits Statement for you, your spouse, or your parent(s)
- Copy of Disability Benefits Statement, if applicable, for you, your spouse, or your parents(s)

☐ 2. You, your spouse, or your parent(s) have lost some type of untaxed income or benefits. Untaxed income includes: Worker’s compensation, child support, pensions and annuities, and social security/supplemental social security benefits.

Name of the person losing benefit____________________________________
Relationship to student_____________________________________________
Type of benefit __________________ Date Lost ______-____-_____
Monthly amount before change $________ Current monthly amount $________

Documents Required:
- Letter of explanation
- Verification worksheet
- Signed copy of 2013 federal income tax forms including all schedules and W-2’s for you/your spouse and/or our parent(s)
- Letter or documentation from the benefit office verifying the effective date, the new benefit rate, and the total benefits received year to date.

☐ 3. Since you completed the 2014-2015 FAFSA, a divorce or separation has occurred.

Documents Required:
- Letter of explanation
- Verification worksheet
- Signed copy of 2013 federal income tax forms including all schedules and W-2’s for you/your spouse and/or your parent(s)
- Copy of divorce/separation court documents or signed personal statement explaining your current marital status
Student’s Name: ___________________________________________ NECC ID: ____________________

☐ 4. A spouse or parent is now deceased, but his/her information was reported on the FAFSA.
   Documents Required:
   • Letter of explanation
   • A copy of the death certificate.
   • Verification worksheet
   • Signed copy of 2013 federal income tax forms including schedules and W-2’s for you/your spouse and/or your parent(s)

☐ 5. Other. Your special circumstances that are not reflected in Examples #1 - 4. Please attach a detailed statement regarding your circumstances, and provide supporting documentation, including verification worksheet, you and your parent(s) signed 2013 federal income tax forms, W-2’s, and all schedules.

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2014 Projected Year Income Chart

Please project, to the best of your ability, you and your family’s 2014 income and benefits received or to be received (January 1, 2014 - December 31, 2014):

<table>
<thead>
<tr>
<th></th>
<th>Father/Mother 2014</th>
<th>Student/Spouse 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income earned from work:</td>
<td>_______ / _______</td>
<td>_______ / _______</td>
</tr>
<tr>
<td>Other taxable income:</td>
<td>_______ / _______</td>
<td>_______ / _______</td>
</tr>
<tr>
<td>TANF/welfare:</td>
<td>_______ / _______</td>
<td>_______ / _______</td>
</tr>
<tr>
<td>Child support/alimony received:</td>
<td>_______ / _______</td>
<td>_______ / _______</td>
</tr>
<tr>
<td>Unemployment benefits:</td>
<td>_______ / _______</td>
<td>_______ / _______</td>
</tr>
<tr>
<td>Other untaxed income &amp; benefits:</td>
<td>_______ / _______</td>
<td>_______ / _______</td>
</tr>
<tr>
<td>Severance Payments:</td>
<td>_______ / _______</td>
<td>_______ / _______</td>
</tr>
<tr>
<td>Child support to be paid:</td>
<td>_______ / _______</td>
<td>_______ / _______</td>
</tr>
<tr>
<td>Other:</td>
<td>_______ / _______</td>
<td>_______ / _______</td>
</tr>
</tbody>
</table>

I (We) certify that the information listed on this form is true and complete to the best of my (our) knowledge.

Student’s Signature: _____________________________ Date: _____________

Parent’s Signature: _____________________________ Date: _____________