

# WESTMORELAND COUNTY COMMUNITY COLLEGE

## 2017-2018 Special Circumstances Request

**Student Name:** \_\_\_\_\_ **Westmoreland Student ID#** \_\_\_\_\_

The purpose of this appeal is to report reductions in family income not reflected on the FAFSA. You must have completed the admission process to Westmoreland County Community College and have a FAFSA on file prior to submission of this request.

*Please be aware that if you filed your 2017-2018 FAFSA and received an EFC = Zero (0), you've already received the maximum in federal aid. Submitting this appeal will not result in a change to your financial aid award.*

**Section A. Special Circumstance**

My 2016 household income will be at least 20% lower than my 2015 household income due to:

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation
Unemployment for at least three months or involuntary reduction in hours	Your parents' income in 2016 is less than 2015 income	Yours and/or your spouse's earned income in 2016 is less than 2015 income	Please attach: <ul style="list-style-type: none"> <li>A copy of the separation notice or letter from employer outlining either the date of separation or reduction in hours.</li> <li>A letter of eligibility from The Department of Labor (if eligible for benefits)</li> <li>A copy of the affected parent's or spouse's last pay stub (if income has been earned in 2016)</li> <li>2016 W2 Form(s)</li> </ul>
Divorce or Separation not reported on the FAFSA	Your parents are now divorced	You and your spouse are now divorced	Please attach: <ul style="list-style-type: none"> <li>A copy of the divorce decree or documentation of legal separation</li> <li>2016 W2 Form(s)</li> </ul>
Death of a Parent or Spouse	A parent has died	Your spouse has died	Please attach: <ul style="list-style-type: none"> <li>A copy of the death certificate</li> <li>Proof of survivor's benefits (such as life insurance settlements, VA Benefits, retirement payouts)</li> </ul>

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation
Disability of a Parent or Spouse	A parent is now disabled	A spouse is now disabled	Please attach: <ul style="list-style-type: none"> <li>• A letter from the doctor regarding the date of disability and a projected date to return to work</li> <li>• Documentation of Disability benefits</li> <li>• A copy of the affect parent's or spouse's last pay stub (if income was earned in 2016)</li> </ul>
One-Time Income (taxed or untaxed)	Your parents' 2015 income does not accurately reflect true household means	Yours and/or your spouses' 2015 income does not accurately reflect true household means	Please Attach: <ul style="list-style-type: none"> <li>• A copy of 2015 Form 1099 and/or schedules as reported on the 1040 tax return</li> <li>• Identify the source(s) of one-time income: _____ _____ _____</li> </ul>

**B. Verification**

In addition to the items requested above for your specific special circumstance, please provide each of the following:

1. \_\_\_\_ 2017-2018 Verification Form
2. \_\_\_\_ 2017-2018 Household Expense Form
3. \_\_\_\_ Detailed Financial Aid Statement explaining your situation
4. \_\_\_\_ Student/Spouse's W2 Form(s) – *If Independent*
5. \_\_\_\_ Signed Student's 2015 IRS Tax Return (1040, 1040A or 1040EZ)
6. \_\_\_\_ Parent's 2015 W2 Form(s) – *If Dependent*
7. \_\_\_\_ Signed Parent's IRS 2015 Tax Return (1040, 1040A or 1040EZ)

**C. Income and Benefits for 2017 Calendar Year**

If submitting this appeal prior to January 1, 2018 please list **total annual projected income** from 1/1/2017 through 12/31/2017 in the table below. If submitting this appeal on or after January 1, 2018, please list **total actual income** from 1/2/2017 through 12/31/2017 and attach all applicable 2017 W2 form(s).

Sources of Income	Mother	Father	Student	Student's Spouse
Wages, tips, salary				
Interest and/or Dividend Income				

Sources of Income	Mother	Father	Student	Student's Spouse
Unemployment Compensation				
Pensions and/or Annuities				
Severance Pay				
Retirement Benefits				
Social Security Benefits				
Child Support				
Alimony				
Other (Explain)				
<b>Total 2016 Income</b>	\$	\$	\$	\$

**D. Statement of Certification**

I certify the information provided on this form and included within all supporting documentation is correct to the best of my knowledge. I also understand the submission of my appeal does not automatically qualify me for an increase in funds.

**ELECTRONICALLY GENERATED SIGNATURES CAN NOT BE ACCEPTED.**

_____ Student Signature (Required)	_____ Date	_____ Student Spouse's Signature (if applicable)	_____ Date
_____ Parent Signature (if dependent)		_____ Date	

**Please allow two (2) business days for documents to be posted in your student portal and/or to confirm receipt.**  
***WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail or both.***