



SPECIAL CIRCUMSTANCES FORM 2023-2024 ACADEMIC YEAR

The Free Application for Federal Student Aid (FAFSA) form advises you to contact the financial aid administrator at your institute if you have special circumstances not covered on the application that would affect your eligibility for student financial aid at Rappahannock Community College. Before the Financial Aid Office can review the information on this form, you must have previously filed a 2023-2024 FAFSA.

The information provided on your original application may not be updated if your income reduction is not significant or appears inconsistent. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

Section A: Student Information

Student's Name (Print) _____ EMPLID _____

Student Signature _____ Date _____ Phone Number _____

Spouse's Signature (if married) _____ Date _____

Parent's Signature (if dependent) _____ Date _____

Section B: Please complete the information below. *Note: The Financial Aid office reserves the right to request additional documentation, if needed.

Date of loss ____/____/____ Please check the reason for submitting your special circumstances request and attach the requested documentation.

The Financial Aid Officer **must** have documentation to verify any income currently received.

A.

Loss of Employment

- Letter from former employer(s) effective dates and severances, vacation, personal and sick leave pay out
- Copy of final pay stub from previous employer(s)
- Letter from Unemployment amount office documenting effective dates and benefits received
- Two (2) current pay stubs (if presently employed)
- Most recent tax return for student and/or spouse, and for parent(s) if dependent
- W2 forms for student and/or spouse, and for parent(s) if dependent

B.

- Death of a spouse (Independent), death of a parent (Dependent) or separation/divorce has occurred after your FAFSA was filed. Required Documentation: Copy of death certificate, legal divorce decree or notarized legal separation.

C.

- Loss of Social Security benefits. Required Documentation: Letter from Social Security Administration stating start/end dates and benefit amount.

D.

- Loss of child support. Required Documentation: Letter or court document stating start/end dates and child support amount.

E.

- Loss of unemployment compensation. Required Documentation: Letter from unemployment office stating start/end dates and benefit amount.

F.

- Loss of Worker's Compensation benefits. Required Documentation: Letter from Bureau of Worker's Compensation stating start/end dates and benefit amount.

Complete and submit the 2023-2024 Household Size form and attach a copy of the 2021 IRS tax return transcript both you and/or your parent or you and/or your spouse. Please do not resubmit this information if you have already provided it to the Financial Aid Office. *Request your IRS Tax Return Transcript online at www.irs.gov.

Section C: Please explain in detail the reason(s) for your special circumstances request and the details of your income reduction. You may provide additional pages, if necessary.

Please provide the amount that you and your family expect to receive between January 1, 2023 and December 31, 2023. If your parent is divorced, separated, or widowed, do not include information about the other parent. If you are divorced, separated, or widowed, do not include information about your spouse.

	Independent Students		Dependent Students	
	Student	Spouse	Student	Parent(s)
Anticipated income for 2023				
Taxable income	\$	\$	\$	\$
Untaxed income (child support, Military Living Allowances, etc.)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
TOTAL INCOME	\$	\$	\$	\$

Certification Statement: I (we) certify that the information provided on this form is complete and accurate to the best of my (our) knowledge. If I provide false or misleading information, I understand that I may be fined, sent to prison, or both. I understand that should the circumstance(s) identified in this form change due to subsequent employment and/or receipt of monies not available at the time of submission of this form, I will notify the Office of Financial Aid immediately of these changes.

Student Signature _____ Date _____
 Parent Signature _____ Date _____
 (Dependent students only)