



**Office of Financial Aid  
Request for Special Circumstances Review  
2021-2022**

\_\_\_\_\_ **Independent Student**

\_\_\_\_\_ **Dependent Student**

Student Name:	PRCC ID#:
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The Department of Education allows Financial Aid Administrators to consider special circumstances that have occurred after the student/spouse and/or parent(s) have submitted an initial 2021-2022 Free Application for Federal Student Aid (FAFSA). The submission of this form is a request for the Office of Financial Aid to review special circumstance of loss/reduction in income, change in marital status, death of a spouse/parent, loss of an income benefit, and/or unusual medical expenses.

**Section I. WHAT YOU SHOULD SUBMIT WITH THIS FORM**

- A detailed written statement of the special circumstance(s)
- Copy of 2019 Tax Return Transcript(s) or signed 1040 tax forms for student and parent(s), or student and spouse (if married)
- Copy of all 2019 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married)
- Additional documentation, as indicated below, for the special circumstance
- Verification of actual income for 2020 (federal tax transcript or signed copy of 1040 tax form and W-2's)
- 2021-2022 Independent or Dependent Verification Worksheet

**Section II. Check the appropriate circumstance (s) for additional documentation requirements:**

\_\_\_\_\_ **REDUCED INCOME DUE TO LOSS OF EMPLOYMENT or CHANGES IN EMPLOYMENT STATUS**

Student/spouse/parent(s)'s income earned from work in 2020 was significantly less than income earned from work in 2019 due to layoff, termination, reduced hours or reduced wages.

**Additional documentation:**

- Termination/Change of Status notice from employer(s) (as applicable)
- Copy of last pay stub from employer(s) showing year-to-date earnings
- Copy of documentation to verify year-to-date unemployment benefits and severance pay

\_\_\_\_\_ **LOSS OF UNTAXED INCOME OR BENEFIT**

Student/spouse/parent(s) received a benefit or untaxed income in 2019 which has been terminated or reduced in 2020. Untaxed income and benefits include, but are not limited to: child support, alimony, workers' compensation, short term/long term disability, retirement/pensions.

**Additional Documentation:**

- Copy of agency notice indicating effective date of change in benefit amount
- Copy of most recent benefit statement showing year-to-date amounts received

\_\_\_\_\_ **DIVORCE OR SEPARATION**

Student and spouse or parent(s) of dependent student have divorced or separated AFTER submitting the original FAFSA

**Additional Documentation:**

- Copy of final divorce decree or petition for divorce (if divorced)
- Copy of legal separation agreement/statement from attorney on official letterhead/notarized statements from each person indicating date of separation and reason(s) divorce/legal separation has not been initiated.
- Documentation (lease, utility bills, etc.) or proof of two separate residences

\_\_\_\_\_ **DEATH OF A SPOUSE OR PARENT**

Spouse/Parent (whose information is on the FAFSA) has died AFTER the initial FAFSA was submitted. Attach a copy of the applicable death certificate or a copy of the obituary.



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**UNUSUAL MEDICAL/DENTAL EXPENSES**

Student and spouse, or parent(s) of dependent student paid medical/dental expenses that were not claimed as a tax deduction on the 2019 Federal Income Tax Return and exceeded 15% of the 2019 Adjusted Gross Income (AGI).

**Additional Documentation:**

- Billing and/or insurance statements to verify expenses that were not covered by insurance
- Proof of payments for expenses that were not reimbursed in 2019

**Section III. UNTAXED INCOME AND BENEFITS (January 1, 2020 through December 31, 2020)**

**Independent Student and their Spouse, if Married**

If you, the student, are divorced, separated, or the loss of income was due to the death of your spouse, give only your information.

**Dependent Students and their Parent(s)**

If your legal parents are divorced or separated, give only information of the custodial parent. (Include the income of the custodial parent's spouse, if remarried.) If the loss of income was due to the death of a parent, give only the information of the surviving parent.

UNTAXED INCOME/BENEFIT	STUDENT/SPOUSE UNTAXED INCOME/BENEFIT IN 2020	PARENT(S) UNTAXED INCOME/BENEFIT IN 2020
Workers' Compensation		
Child Support		
OTHER (please list):		
<b>TOTAL UNTAXED INCOME:</b>		

**Section V. CERTIFICATION STATEMENT**

By signing this form, I/We certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

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

Spouse Signature (if married) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if dependent) \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Student Not Eligible for Special Condition
COMMENTS: _____		
Reviewed and Approved by _____ Date _____		

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