



# John Wood Community College

## 2019-2020 Special Circumstance

A family's 2017 total income is used to determine eligibility for student financial aid in the 2019-2020 academic year. However, there are circumstances that alter a family's financial picture and hinder a family's ability to assist in educational expenses. In such cases, estimated income may be utilized to assess financial need or a finalized tax return. Results from the 2019-2020 Free Application for Federal Student Aid (FAFSA) must be on file with the JWCC Financial Aid Office. If the student file is selected for verification all required documents must be received and reviewed prior to special circumstance processing.

Student Last Name	First	Middle	Social Security Number
Permanent address (Include apartment number)		Email Address	JWCC ID
City	State	Zip Code	(area code) Phone Number

### Reason for Request

**Request must be accompanied by an IRS tax return transcript and w2 forms for 2017 and 2018 in addition to any specific documentation requested below based on circumstance.**

**No request involving an estimated income for 2019 will be processed until after July 1, 2019.**

X	Please check each change that applies	Attach required documentation
	Loss of income due to lay off or termination Date of lay off or termination _____	2019 - Last pay stub, unemployment summary form, lay off notice
	Divorce/Separation	Final divorce decree/legal separation agreement
	Death of Spouse	Copy of Death Certificate
	One-time income (capital gains, etc.)	Documentation supporting one-time income and how it was spent.
	Large medical/dental expenses	Schedule A or Explanation of Benefit Forms
	HEROES Act (veterans active duty during war, living in federal declared disaster area, economic hardship due to military operation or national emergency)	Federal Emergency Management Agency (FEMA) notifications with military documents.
	Other (Please explain in detail)	Any supporting documentation

Please explain why the above has impacted your ability to pay for college. **If additional sheets are necessary, please attach.**

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### For the JWCC Financial Aid Office to Complete

Period Used:	Actual	Estimated	Total
Student's gross wages, salaries, tips (including severance pay, disability payments and other income from work)			
Spouse's gross wages, salaries, tips (including severance pay, disability payments and other income from work)			
Other taxable income (include unemployment benefits)			
Excessive medical or other expenses in relation to adjusted gross income			

**COMPLETE BOXES ONLY IF AN ESTIMATE IS BEING USED FOR 2019 INCOME.**

List the amount of all income you have actually received or will receive between January 1, 2019, and December 31, 2019. You must attach required documentation (i.e. 2019 last pay stub from employer, unemployment summary sheet, etc.). Additional information may be requested on a case-by-case basis. **Please indicate \$ 0 in the box if a particular income or benefit does not apply.**

<b>If using estimates for Income/Benefits for the period of January 1, 2019 to December 31, 2019</b>	<b>Actual GROSS Income Received (1/1/19 - today)</b>	<b>Anticipated GROSS Income (today—12/31/19)</b>	<b>Total Gross Income Received</b>
Expected 2019 gross income earned from work by <b>Father</b> (wages, salaries, tips, net business/farm income)			
Expected 2019 gross income earned from work by <b>Mother</b> (wages, salaries, tips, net business/farm income)			
Expected 2019 gross income earned from work by <b>Student</b> (wages, salaries, tips, net business/farm income)			
Expected 2019 gross income earned from work by <b>Student's Spouse</b> (wages, salaries, tips, net business/farm income)			
Unemployment Compensation received: Month Started: _____ (Month/Year)			
Other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, gambling earnings, etc.) Source: _____			
Child Support received: Monthly amount: \$ _____ # of months _____			
Housing or other allowance (clergy, military, etc)			
Other untaxed income. Source _____			
Taxable Social Security Benefits			
Veteran's Non-Educational Benefits Source: _____ Monthly \$ _____ # Months _____			
Total Income for 2019			

I certify that the information provided in this appeal is true and complete to the best of my knowledge. If my situation changes, then I am responsible for notifying the Financial Aid Office of any estimated changes. I understand that if the information is incomplete or lacks the required documentation or transcript, no action will be taken.

**The final determination rests with the Director of Financial Aid if a Free Application of Federal Student Aid is amended to reflect an annual income or applicable adjustment.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Phone Number