



# 2020-2021 Special Circumstances Income Adjustment Appeal

College of The Albemarle makes every effort to assist students and parents by providing financial assistance to help meet the cost of education. We recognize that there may be extenuating circumstances that affect the student's or parent's ability to provide the amount that the family is expected to pay. Certain adjustments are already considered in the calculation of a family's ability to meet expenses in the formula that calculates financial need. Therefore, College of The Albemarle will not always be able to reduce your expected contribution to meet educational costs based on your unique circumstances. The United States Department of Education provides in the Higher Education Amendments of 1998 a reaffirmation of the use of professional judgment in determining eligibility for federal financial aid. This provision allows for consideration of projected year income, rather than a prior year income, to calculate a student's eligibility. Your family situation must meet one of the criteria used by College of The Albemarle to determine special circumstances. If your family meets a special circumstance requirement in the 2020-2021 award year, your eligibility may be recalculated using income from 2020. The **DEADLINE** to submit this form for the 2020-2021 award year is July 6, 2021. Special consideration is generally given only for those circumstances described on this form.

## Student Information

Student's Last Name	First Name	M.I.	Student ID #
Student's Street Address (include apt. number)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Phone Number (include area code)			Student's Alternate Phone Number

## Completion of Personal Statement

Every applicant requesting a review of his/her application must describe in detail the circumstances that merit consideration. You should clearly describe all of the details surrounding your special circumstances. You should specifically explain how those circumstances affected your family's financial situation for 2020.

---

---

---

---

---

---

---

---

---

---

**Please complete one of the six sections (A-F) that best applies to your situation.**

**A. Loss of job—currently unemployed**

Name of person who was employed \_\_\_\_\_

Relationship to student \_\_\_\_\_

Name of employer \_\_\_\_\_

Date last worked and reason for job loss \_\_\_\_\_

Qualify for unemployment? \_\_\_\_\_

If so, what is gross amount of benefits per week \$ \_\_\_\_\_

Beginning and ending dates of benefits \_\_\_\_\_

Eligible for any government/retraining benefits? \_\_\_\_\_

If yes, list benefits \_\_\_\_\_

Will unemployed person be looking for employment in the next 12 months? \_\_\_\_\_

If yes, what are expected earnings per month? \$ \_\_\_\_\_

If no, why won't this person be looking for employment? \_\_\_\_\_

**Required Documentation:**

- Last pay stub in 2020 from all jobs
- Severance letter/notice if available
- Unemployment benefits statement from Employment Security Commission
- 2018 Signed Federal Tax Return and W-2's
- 2019 Signed Federal Tax Return and W-2's
- 2020 Signed Federal Tax Return and W-2's
- 2020 Income Worksheet (attached)
- 2020-2021 Household Size/Number in College Form (attached)
- 2020-2021 Asset Information Form (attached)

**B. Reduction in income/hours worked**

Name of person who has a reduction in income \_\_\_\_\_

Relationship to student \_\_\_\_\_

Name of employer \_\_\_\_\_

*(Include former and new employer names, if applicable)*

Date of change and reason for reduction \_\_\_\_\_

Former gross income level \$ \_\_\_\_\_ /wk or \$ \_\_\_\_\_ /mo

New gross income level \$ \_\_\_\_\_ /wk or \$ \_\_\_\_\_ /mo

Will this person be looking for other or additional work in the next 12 months? \_\_\_\_\_

If yes, what are expected earnings? \_\_\_\_\_

If not, why won't this person be looking for employment? \_\_\_\_\_

**Required Documentation:**

- Most recent current pay stub showing new income levels for 2020.
- 2018 Signed Federal Tax Return and W-2's
- 2019 Signed Federal Tax Return and W-2's
- 2020 Signed Federal Tax Return and W-2's
- 2020 Income Worksheet (attached)
- 2020-2021 Household Size/Number in College Form (attached)
- 2020-2021 Asset Information Form (attached)

**C. One time Income/Gains**

What amount was a one-time distribution in 2018? \$ \_\_\_\_\_

What was the source/reason for these funds? \_\_\_\_\_

How were these funds used/spent? Provide a complete account of the expenditures. \_\_\_\_\_

---

---

---

---

---

**Required Documentation:**

- Documentation of distribution payment (such as 1099-R)
- 2018 Signed Federal Tax Return and W-2's
- 2019 Signed Federal Tax Return and W-2's
- 2020 Signed Federal Tax Return and W-2's
- 2020-2021 Household Size/Number in College Form (attached)
- 2020-2021 Asset Information Form (attached)

**D. Unusual Medical expenses**

Name of person incurring medical expenses \_\_\_\_\_

Relationship to student \_\_\_\_\_

Nature of illness \_\_\_\_\_

Total amount paid in 2018 \$ \_\_\_\_\_

*(Include only amounts for medical expenses paid by cash, check or credit card. **Do not include amounts paid by insurance or balances still owed to medical providers.**)*

**Required Documentation:**

- Documents showing patient's name and medical diagnosis
- Itemized listing of total amount paid, including payment documentation
- 2018 Signed Federal Tax Return and W-2's
- 2019 Signed Federal Tax Return and W-2's
- 2020 Signed Federal Tax Return and W-2's
- 2020-2021 Household Size/Number in College Form (attached)
- 2020-2021 Asset Information Form (attached)

**E. Divorce/Separation of spouse or parent**

Individuals divorced or separated \_\_\_\_\_

Relationship to student \_\_\_\_\_

Date of separation or divorce \_\_\_\_\_

**Required documentation:**

- Copy of divorce or separation statement
- 2018 Signed Federal Tax Return and W-2's
- 2019 Signed Federal Tax Return and W-2's
- 2020 Signed Federal Tax Return and W-2's
- 2020-2021 Household Size/Number in College Form (attached)
- 2020-2021 Asset Information Form (attached)

**F. Death of spouse or parent**

Name of person deceased \_\_\_\_\_

Relationship to student \_\_\_\_\_

Date of death \_\_\_\_\_

**Required documentation:**

- Copy of death certificate
- 2018 Signed Federal Tax Return and W-2's
- 2019 Signed Federal Tax Return and W-2's
- 2020 Signed Federal Tax Return and W-2's
- 2020-2021 Household Size/Number in College Form (attached)
- 2020-2021 Asset Information Form (attached)

## **2020 Income Worksheet for Income Adjustment**

1. To be completed if submitting a request due to circumstances listed in Sections A and B.
2. **Complete all applicable columns** by providing actual income through December 31, 2020.
3. Provide documentation for any income listed. Documentation is required before your appeal can be reviewed.
4. If a line is left blank you are certifying that you have not received income of that type in 2020.

	Parent 1 Amount	Parent 2 Amount	Student Amount	Spouse Amount
<b>Wages, salaries, tips (include self-employment)</b>				
Amount received in 2020	\$	\$	\$	\$
<b>Unemployment Benefits</b>				
Amount received in 2020	\$	\$	\$	\$
<b>Other taxable income - Source:</b> _____				
Amount received in 2020	\$	\$	\$	\$
<b>Untaxed Social Security benefits</b>				
Amount received in 2020	\$	\$	\$	\$
<b>Child Support</b>				
Amount received in 2020	\$	\$	\$	\$
<b>Other untaxed income - Source:</b> _____				
Amount received in 2020	\$	\$	\$	\$
<b>Total income</b>	\$	\$	\$	\$

## **2020-2021 Household Size/Number in College Form for Income Adjustment**

### **STUDENT INFORMATION:**

---

Last Name

First Name

Student ID#

---

Phone # (Include Area Code)

Email Address

### **HOUSEHOLD INFORMATION**

If you are a **dependent student**, include:

- Yourself
- Your parent(s) used on FAFSA, (include step-parent) even if you don't live with your parents
- Your parent(s)' other children if:
  - a) your parent(s) will provide more than half of their support from July 1, 2020 through June 30, 2021, or
  - b) the children would be required to provide parental information if filing a FAFSA for 2020-21
- Other people, only if they now live in your parents' household, and your parents will continue to provide more than half of their support through June 30, 2021
- Don't list your parents' college and degree program if they are also in college

If you are an **independent student**, include:

- Yourself
- Your spouse (if you are married)
- Your children or your spouse's children, if you or your spouse will provide more than half of their support from July 1, 2020 through June 30, 2021, even if the children do not live with you
- Other people, only if they live in your household and you provide more than half of their support and will continue to do so through June 30, 2021

Full Name	Age	Relationship	Name of college (If enrolled during 2020-2021 year and at least half-time student)

## **2020-2021 Asset Information Form for Income Adjustment**

### STUDENT INFORMATION:

Last Name	First Name	Student ID #
		<b>Student's Balance</b>
		<b>Parents' Balance</b>
<b>As of today</b> , what is your (and spouse's) total current balance of cash, savings, and checking accounts? Do not include student financial aid.		Include parents' amounts below if the information was required on your FAFSA
<b>As of today</b> , what is your parents' total current balance of cash, savings, and checking accounts? Do not include student financial aid.		<b>×</b>
<b>As of today</b> , what is the net worth of your (and spouse's) investments, including real estate (not your home)? Net worth means current value minus debt.		<b>×</b>
<b>As of today</b> , what is the net worth of your parents' investments, including real estate (not your home)? Net worth means current value minus debt.		<b>×</b>
<b>As of today</b> , what is the net worth of your (and spouse's) current business and/or investment farms? For a family farm, see notes.		<b>×</b>
<b>As of today</b> , what is the net worth of your parents' current businesses and/or investment farms? For a family farm, see notes.		<b>×</b>
<b>Notes:</b> <ul style="list-style-type: none"> <li><u>Investments include</u> real estate (do not include the home you live in), trust funds, UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, Coverdell savings accounts, 529 college savings plans, the refund value of 529 state prepaid tuition plans, installment and land sale contracts (including mortgages held), commodities, etc. Investment value means the current balance or market of these investments as of the day you filed your FAFSA.</li> <li>Investment debts mean only those debts that are related to the investments.</li> <li><u>Investments do not include</u> the home you live in, the value of life insurance, retirement plans (pension funds, annuities, non-education IRAs Keogh plans, etc.) or cash, savings, and checking accounts already reported above.</li> <li>Students who must report parental information on their FAFSA should report all qualified educational benefits or education savings accounts owned by parent-including Coverdell savings accounts, 529 college savings plans and the refund value of 529 state prepaid tuition plans. If the account is owned by a student (or the student's spouse) who is not reporting parental information, the value is to be reported as an investment.</li> <li>If net worth is one million dollars or more, enter \$999,999. If net worth is negative, enter 0.</li> <li><u>Business and/or investment farm value includes</u> the market value of land, buildings, machinery, equipment, inventory, etc. Business and/or investment farm debt means only those debts for which the business or investment farm was used as collateral.</li> <li><u>Do not include</u> the value of a family farm that you (your spouse or your parents) live on and operate.</li> <li><u>Do not include</u> the value of a small business that you (your spouse or your parents) own and control that have 100 or fewer full-time equivalent employees.</li> </ul>		

## Certification Statements And Signatures

If you are a dependent student, please also provide one parent's signature whose information is listed on your FAFSA. By providing signature(s), you are certifying that all of the information on this form is complete and correct. You are also authorizing College of The Albemarle to make corrections to your original and/or subsequent FAFSA information based on the documents you are now submitting.

By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation.

---

Student's Signature

---

Date

---

Spouse's Signature (if applicable)

---

Date

---

Parent's Signature (if applicable—Dependent Students Only)

---

Date