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Student’s Name Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number Cell Phone Number

Niagara County Community College

The Smart Place to Start

**FINANCIAL AID SPECIAL CIRCUMSTANCES APPEAL OPPORTUNITY**

2021-2022 Award Year

Students and their families often experienced unforeseen circumstances and/or expenses during the past academic year due to Covid 19. If you have encountered a significant reduction of income (since 2019), you may fill out this form to determine if you are eligible for any additional federal aid. To help us make this determination, please submit a **(2021-22 Verification Worksheet)** along with a clear explanation and reasonable documentation.

1. Briefly describe your circumstances below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check the box that applies to your situation:

Unemployment or change in employment

( )Student/ Spouse ( ) Parent

Date of occurrence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit last cumulative pay stub, a letter from the employer (termination, lay off, etc.), and approval of unemployment benefits letter.

Divorce/Separation—Provide earlier date

Date of occurrence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit a copy of a divorce decree or separation papers. If legal action has not been started, please provide documentation of separate residences (current utility bills from each household).

Death of parent (if dependent) or spouse

Date of occurrence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit a copy of death certificate.

Disability of student, spouse, or parent

Date of occurrence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit a letter from your physician, approval notice from worker’s compensation, or approval notice from disability compensation.

1. Complete this form on the back estimating taxable and non-taxable income for 2021.
2. Sign this Certification: All of the information on this form and attached documentation is true and complete to the best of my knowledge. **Failure to submit all required documentation will result in the return of the request.**

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Father/Mother/Stepparent)

**PLEASE BRING THIS COMPLETED FORM TO OUR FINANCIAL AID OFFICE AFTER JULY 1, 2021 ALONG WITH A COPY OF YOUR 2019 TAX RETURNS AND ANY OF THE ABOVE DOCUMENTS REQUESTED.**

**ANY REQUEST AFTER NOVEMBER 1ST MUST BE SUBMITTED WITH A 2021 TAX RETURN.**

**ESTIMATED 2021 INCOME** (IF SUBMITTING YOUR REQUEST AFTER NOVEMBER 1ST, DO NOT ESTIMATE 2021 INCOME. PLEASE PROVIDE YOUR 2021 TAX RETURN INSTEAD.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Annual Taxable Income** | **Student** | **Spouse** | **Mother/**  **Step-Mother** | **Father/**  **Step-Father** |
| Wages, Salaries, Tips | $ | $ | $ | $ |
| Interest | $ | $ | $ | $ |
| Dividends | $ | $ | $ | $ |
| Unemployment | $ | $ | $ | $ |
| Distributions | $ | $ | $ | $ |
| Pensions | $ | $ | $ | $ |
| Alimony | $ | $ | $ | $ |
| Business/Farm Income or Loss | $ | $ | $ | $ |
| Rental Income or Loss | $ | $ | $ | $ |
| Other Taxable Income | $ | $ | $ | $ |
| **Annual Untaxable Income** | **Student** | **Spouse** | **Mother/**  **Step-Mother** | **Father/**  **Step-Father** |
| Social Security Benefits | $ | $ | $ | $ |
| Child Support | $ | $ | $ | $ |
| AFDC/ADC/TANF | $ | $ | $ | $ |
| Other Welfare Benefits | $ | $ | $ | $ |
| **Personal Contributions to Retirement Accounts** | $ | $ | $ | $ |
| Other Untaxed Income | $ | $ | $ | $ |
| **Total 2021 Estimated Income** | $ | $ | $ | $ |

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| Office Use Comments: |
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| Decision Status: Initials/Date: |