2022-2023 Parent Special Circumstance Petition

Your child's 2022-2023 FAFSA was selected for review in a process called "Verification." In this process, the financial aid office will compare the information reported on your FAFSA with the information on this form and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding federal student aid. You and your child whose information was reported on the FAFSA must sign this form, attach any required documentation, and submit the completed package to the LCC Financial Aid Office. If there are differences between the information reported on your child's FAFSA and the documents submitted to our office, we will make the necessary corrections. We retain the right to request additional information as needed to complete your child's file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your child's request for financial aid.

Your child's eligibility for financial aid cannot be determined until the verification process is complete.

Student Name:	LCC	LCC ID#/Last Four of SSN#:				
Address:	City:	State:	Zip:			
Federal regulations require 2020 financial financial need for the 2022-23 school yeadequately reflect your current financial Please complete all three sections of the focumentation is not submitted. Section 1: Student and Parent Information.	ear. This form may be us condition. of this petition and ret ted with this petition, y	sed if you feel that the I urn it with all required	FAFSA does not disconnected documentation.			
Student Name	tion .	Parent Name				
Student Name		Parent Name				
Section 2: Check all that apply and provide appropriate documents for each Parent(s) have lost employment or benefit income (due to layoff, termination, or involuntary resignation) since the last tax year reported on most recent FAFSA. ☐ Yes ☐ No Who has lost earnings?						
Name		Relationship to Student				
COMMO	NIII	COLI	LEGE			
Dates of Lost or Reduced Earnings or Benefits						
From Date		To Date				
Earning or Benefit Lost						
Туре		Amount				

Requested Documentation:

- Evidence of loss of employment (signed letter or notice on company letterhead)
- Evidence of loss of benefits (court decisions, letters of denial)
- Copy of unemployment check(s) or pay stubs (or letter stating that unemployment was denied)
- Copy of 2020 and 2021 IRS Tax Return Transcripts AND All W-2's (parent(s))

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Section 3: Check a								
One-Time Nonrecurring Income: Parent(s) received a one-time lump sum (such as inheritance, retirement, IRA distribution, etc.) that was reported on the 2020 IRS Tax Return								
but is not e	expecte	d to reoccur in th			юро	201 2020	into rax notarri	
☐ Yes		No Who receiv	ed the	one-time i	ncom	ne?		
	Nan					Relationship to St	udent	
Signed stateCopy of 202	ence of ement id 20 and 2	one-time income (dentifying the source 2021 IRS Tax Retu	ce of ind Irn Tran	come and scripts AN	how ID All	the funds were sp I W-2's (parent(s)		
Section 4: Check all that apply and provide appropriate documents for each Separation/Divorce of Student's Parents: Student's parents have separated/divorced since filing the FAFSA.								
☐ Yes Date of Divorce/Separat	ion	Name of Primary (Custodial) Paren (after separation/divorce	t R	mber of Far Members Remaining i Household	n	Number of Family Member in College	Total Amount of Child Support Received or Expected to be Received in 2020	
	H))	K	
 Requested Documentation: Legal documentation of separation/divorce (court decisions or divorce decree) or proof that parent and spouse are residing separately (copy of housing lease, utility bills, etc.) Copy of 2020 and 2021 IRS Tax Return Transcripts AND All W-2's (parent) 								
Section 5: Check all that apply and provide appropriate documents for each Death: Your parent(s) received income for the most recently reported tax year, but passed away after you completed the FAFSA. □ Yes □ No								
Date of Death	Name (of Deceased		onship to udent		mber of Family Members Remaining in Household	Number of Family Members in College	
<u> </u>	mentatio	ation: on of death <i>(such a</i> 2021 IRS Tax Retu	•	•		,		
☐ Yes Requested Doc • Copy of 202 copy of 202	atastrop	ohic event affecte No	irn Tran	ur family in a seripts AN	incoi ID Al	me. I W-2's (parent(s)), including a	

Documentation supporting the change

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Certification:

I certify that the submitted information is accurate to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

WARNING: If you purposefully give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student Signature	Date	_
Davant Cinnatura		_
Parent Signature	Date	

