

2019-2020 Student Special Circumstance Petition

Your 2019-2020 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 a parent (if applicable) 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 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 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 request for financial aid.

****Your eligibility for financial aid cannot be determined until the verification process is complete****

Student Name: _____ LCC ID#/Last Four of SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Federal regulations require 2017 financial information submitted on your FAFSA when determining financial need for the 2019-20 school year. This form may be used if you feel that the FAFSA does not adequately reflect your current financial condition.

Please complete all three sections of this petition and return it with all required documentation. If documentation is not submitted with this petition, your request will not be processed.

Section 1: Student and Spouse Information

Student Name	Spouse Name

Section 2: Check all that apply and provide appropriate documents for each

Student and/or spouse 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

Dates of Lost or Reduced Earnings or Benefits

From Date	To Date

Earning or Benefit Lost

Type	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 2017 IRS Tax Return Transcript AND All W2's (student and/or spouse)

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Section 3: Check all that apply and provide appropriate documents for each

One-Time Nonrecurring Income: Student and/or spouse received a one-time lump sum (such as inheritance, retirement, IRA distribution, etc.) that was reported on the 2017 IRS Tax Return but is not expected to reoccur in the future.

Yes No

Who received the one-time income?

Name	Relationship to Student

Requested Documentation:

- Official evidence of one-time income (*legal forms, financial statements, etc.*)
- Signed statement identifying the source of income and how the funds were spent or invested
- Copy of 2017 IRS Tax Return Transcript AND All W2's (*student and/or spouse*)

Section 4: Check all that apply and provide appropriate documents for each

Separation/Divorce of Student: Student has separated/divorced since filing the FAFSA.

Yes No

Date of Divorce/Separation	Number of Family Members Remaining in Household	Number of Family Member in College	Total Amount of Child Support Received or Expected to be Received in 2018

Requested Documentation:

- Legal documentation of separation/divorce (*court decisions or divorce decree*) or proof that student and spouse are residing separately (*copy of housing lease, utility bills, etc*)
- Copy of 2017 IRS Tax Return Transcript **AND** All W2's (*student*)

Section 5: Check all that apply and provide appropriate documents for each

Death: Your spouse 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	Relationship to Student	Number of Family Members Remaining in Household	Number of Family Members in College

Requested Documentation:

- Legal documentation of death (*such as a copy of death certificate*)
- Copy of 2017 IRS Tax Return Transcript **AND** All W2's (*student and spouse*)

Section 6: Check all that apply and provide appropriate documents for each

Other: A catastrophic event affected my/our family income.

Yes No

Requested Documentation:

- Copy of 2017 IRS Tax Return Transcript **AND** All W2's (*student and spouse*), including a copy of 2017 Schedule A of Federal Tax returns (*if applicable*)
- Letter of explanation pertaining to the event
- Documentation supporting the change

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Certification:

I certify that the submitted information is true and correct 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:** _____



MAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:
Lenoir Community College • Office of Financial Aid
P.O. Box 188 • Kinston, NC 28502
Fax: 252-233-6896 • Email: Finaid@lenoircc.edu

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