

2024-2025 Special Circumstance: Financial Review Instructions

We understand that the FAFSA does not account for all financial matters and some students and families have special circumstances that impact their ability to pay for college. To review these situations, we require specific documentation. Therefore, before submitting an appeal, please read the following information.

- If you have been selected for verification, you must complete everything needed to clear verification before filing an appeal.
- During the appeal review, if any provided documentation conflicts with any information previously reported on your FAFSA, our office must resolve the conflicting information regardless of whether the appeal is approved or denied. Clearing up the conflicting information could cause an increase or a decrease in your existing financial aid award.
- We may request more information after reviewing the required items listed on this form.
- Please allow a minimum of three weeks to review and process your appeal.
- Please ensure that you provide all required documentation upon submission of your appeal. Fill in every blank. Sign where required.
- Approval of an appeal does not guarantee additional aid.
- The appeal cannot be used simply to request more financial aid.
- The appeal is only good for one academic year.

Reasons for submitting an Appeal

Examples of appeal reasons include, but are not limited to the following:

- Unemployment of more than four (4) weeks following job loss
- Death of a student's parent (or spouse if independent)
- The family has incurred extraordinary medical/dental expenses
- The parent or student has received payment(s) of non-recurring income (i.e., 401(k) or IRA withdrawal) which were unavailable for educational expenses

Deadlines:

Your signed appeal must be submitted before the end of the last semester you attend within the financial aid award year or before your last date of attendance within a financial aid award year, whichever is earlier.

Please review the attached **Special Circumstance: Financial Review Form**, which lists the additional items for each type of appeal. **Please submit all required documents (specified checklists) and sign your form upon initial submission if you choose to pursue the appeal.**



2024-2025 Special Circumstance: Financial Review Form

Student First Name

Student Last Name

Student ID

Student Phone Number

Required Items:

- If the student is dependent, the Special Circumstance: Financial Review Form (this form) is completed and signed by both student and parent.
- A written statement by the **student or parent** describing the appeal circumstances. Use the box provided on this form or attach a signed, separate document.
- Additional documentation is listed below for the selected reason for your appeal.

Select One	Reason for Appeal	All Required Documentation
<input type="checkbox"/> 1.	<p>You had a significant reduction in student or parent(s) income.</p> <p>*Please note that the <u>earliest</u> we will consider an appeal due to your employment ending will be four (4) weeks from the termination date.</p>	<p>Significant loss of income due to termination or change in employment</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of your separation notice, showing the last day you worked. <input type="checkbox"/> A copy of your final pay stub and documentation of severance pay (if severance is applicable). <input type="checkbox"/> A copy of your approved State unemployment benefits notice/letter (if applicable). <input type="checkbox"/> A copy of your 2023 IRS tax return (preferred) OR a written statement of estimated earnings and non-taxable income for the tax year 2024. <p>Significant reduction in income</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of your last pay stub before the income reduction occurred. <input type="checkbox"/> A copy of the most recent pay stub showing reduced earnings. <input type="checkbox"/> A copy of your 2023 IRS tax return (preferred) OR a written statement of estimated earnings and non-taxable income for the tax year 2024.
<input type="checkbox"/> 2.	<p>Death of a student's parent or spouse since/after you completed your FAFSA.</p>	<p>Passing of a parent or spouse</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of the parent's or spouse's death certificate <p><u>Surviving Parent or Independent Student documentation needed:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> W-2, 2023 IRS Tax information, <input type="checkbox"/> Bank statements <input type="checkbox"/> Inheritance, life insurance proceeds, liquidation of assets/estate (if entitled or received such)
<input type="checkbox"/> 3.	<p>Parent or student received payment(s) of non-recurring income that is not available for educational expenses.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of fund amount and the source of the funding <input type="checkbox"/> Documentation of how funds were spent or obligated; examples may include 401(k) or IRA early withdrawal.

Upload this form by logging into the <http://mysupport.vpcc.edu/> using your MyVPCC login information, fax to (757)825-3537, or bring in person (Hampton Campus, Kecoughtan Hall, room 209 / Historic Triangle campus, room 117).

<input type="checkbox"/> 4.	Extraordinary family medical/dental expenses not covered or reimbursed by insurance. Paid expenses can only be appealed for one calendar year, 2023 or 2024.	<input type="checkbox"/> For 2023 expenses: submit a 2023 IRS 1040 Schedule A (if you itemize medical costs). If you did not itemize, submit proof of medical expenses paid out-of-pocket in 2024. <input type="checkbox"/> For 2023 expenses: submit a 2023 IRS 1040 Schedule A. If that has not yet been filed or if you do not itemize, submit proof of medical expenses paid out-of-pocket in 2024. <i>Insurance Explanation of Benefits (EOB) is not acceptable documentation. Please do not send canceled checks or credit card statements (for the safety and security of your information).</i>
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Type your full statement for the appeal request below: (For additional space, use a separate page/paper)

- Please allow at least **three weeks** after submitting all requested documents for your appeal results.
- Any additional aid received from this one-time appeal is only for this year. It will not be a recurring award.

By signing below, each person certifies that the information provided on this document and all supporting information is correct and true. If information is purposely false or misleading, student and/or other signers may be subject to a fine, prison sentence, or both.

Student Signature	Spouse Signature	Date
Parent Printed Name (Dependent Students Only)	Parent Signature	Date

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2024

Statement of Estimated Earnings

NOTE: Please complete this page only if you or your parent will earn less income in 2024 than was earned in 2023.

Income Sources	Earned Income (Year to Date)	+	Estimated Income (Today to the year's end)	=	2024 Total Earned & Estimated income
Parent #1 – Wages All Jobs	\$		\$		\$
Parent #2 – Wages All jobs	\$		\$		\$
Student – Wages From All Jobs	\$		\$		\$
Spouse (If applicable) – Wages From All Jobs	\$		\$		\$
Income or loss of Business or Farm	\$		\$		\$
IRA Distribution/Pensions	\$		\$		\$
Unemployment Compensation	\$		\$		\$
Severance Pay	\$		\$		\$
Other Taxable Income	\$		\$		\$

By signing below, each person certifies that the estimated income above is accurate and complete. If information is purposely false or misleading, student and/or other signers may be subject to a fine, prison sentence, or both.

_____ Student Signature	_____ Spouse Signature	_____ Date
_____ Parent Printed Name (Dependent Students Only)	_____ Parent Signature	_____ Date

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