

# 2021-2022 Consideration of Special Circumstances



Pine Technical &  
Community College

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Student ID  
or SSN: \_\_\_\_\_

According to federal laws and regulations, income from 2019 is used to determine eligibility for the 2021-2022 financial aid year. If your income (or your family's income) is reduced, the Pine Technical and Community College Financial Aid Office may be able to take into account reduced income or other extenuating circumstances to determine your financial aid eligibility for 2021-2022. Please complete this form if there have been substantial changes to the income documented on your 2019 federal tax return.

**\*\* PLEASE NOTE:** All appeals require completion of the Verification process. If you have not already been selected for Verification, you will need to complete a 2021-2022 Verification process which includes submitting a copy of your 2019 IRS tax return transcript and your parent's 2019 IRS tax return transcript (if you are a dependent student) along with any required documentation listed below. The Financial Aid Office reserves the right to request additional documentation not listed on this form.

## STEP 1: AFFECTED PERSON(S)

Name(s) of person(s) whose income(s) have changed: \_\_\_\_\_

How is the above person/persons related to you? (Check all that apply)

Self     Spouse     Father/Step-Father     Mother/Step-Mother     Other (explain) \_\_\_\_\_

## STEP 2: REASON FOR CHANGE

Please check the reason for your loss of income. Be sure to include the date this event happened. Please submit all required documentation listed by the circumstance you select. **All applicants must submit a copy of their 2020 federal income tax return.**

Loss of Job

Required: Last paystub for job lost (and paystub for additional jobs held, if any)  
Determination of Benefits Rights letter for unemployment benefits

Decrease in work hours of current position

Required: Last paystub of previous hours  
Most recent paystub for all jobs held

Change of job resulting in reduction of income

Required: Last paycheck previous job  
Most recent paystub for all jobs held

Loss of unemployment benefits

Required: Paystub(s) before and after employment  
Determination of Benefits Rights letter for unemployment benefits

Medical expenses not covered by insurance

Required: Copies of all expense receipts and insurance papers  
Proof showing what you paid out-of-pocket (cancelled checks, receipts, etc.)

Death of family member

Required: Copy of death certificate, obituary notice or memorial program

Disability of family member

Required: Statement from physician as to nature and condition of disability and date disability began.

Other: \_\_\_\_\_

Required: Any appropriate documentation

Date(s) of Change: \_\_\_\_\_

**\*\*\*PLEASE COMPLETE THE REVERSE SIDE\*\*\***

