



2018-19 Request for Special Consideration

Financial Aid & Scholarships Office | 231 W Sixth St Bldg 1, Powell, WY 82435
(800) 560-4692 or (307) 754-6158 | fax: (307) 754-6154 | financialaid@nwc.edu | www.nwc.edu

Dependent Student’s Special Circumstances – *for completion by student & parent(s)*

Independent Student’s Special Circumstances – *for completion by student & spouse*

Per federal financial aid regulations, a dependent student and family’s (or an independent student and spouse’s -if applicable) 2016 income is used to determine financial need for the 2018-19 school year. If there are extenuating circumstances (see below), a financial aid administrator *may* be able to make adjustments to use final calendar year 2017 year end income or use projected calendar year 2018 income to determine financial aid eligibility.

Student’s Name

Student ID

Student Address

City

State

Zip

Student Phone

Cell phone

E-mail

Parent’s Name(s) *If Applicable*

Phone

Parent Address

City

State

Zip

Mark the reason(s) that 2016 family income may need to be adjusted.

A. Reduction in earnings or loss of other income. Student and/or Parent (and/or spouse if student is independent) who received income in 2016 has experienced a reduction in income for 2017 or 2018. This could include a reduction in earnings or loss of employment, benefits, child support, other taxed or untaxed income or dramatic fluctuations in annual income (such as a farmer or rancher whose income may be abnormally high one year due to commodity price fluctuation).

How To Document:

1. Attach a detailed narrative/explanation of circumstances relating to this request (i.e.: what income was lost or reduced, the date the change became effective, and the reasons for the loss) in addition to items requested on the appropriate income chart.
2. Mark the answer to this question: “*My change in income or situation occurred in...*”
 - Calendar Year 2016 or 2017: (now only complete INCOME CHART A on page 3)
 - Calendar Year 2018: (now only complete INCOME CHART B on page 4)
 - Calendar Year 2019: (now only complete INCOME CHART B on page 4)
3. Provide documentation to substantiate the data you record on the applicable income chart.

What Will Happen:

If approved, this procedure changes the tax year used for the 2018-19 FAFSA from 2016 to either 2017 or 2018, depending on when the circumstance(s) occurred.

B. Divorce or separation. After completing the FAFSA, you (or your parents if dependent) divorced or separated or, the IRS Data Retrieval Tool imported joined income that is no longer accurate.

How To Document:

1. Attach a detailed narrative/explanation of circumstances relating to this request. Include the date of divorce/separation.
2. Provide documentation of your 2016 gross income if you are the person who became divorced/separated (or if you are dependent, your custodial parent’s if they are the person who became divorced/separated). Ex. IRS tax return transcript, W-2’s, and in some cases schedules C, D, E, F etc. from the federal return.
3. Attach a copy of the divorce decree (if the divorce is final).

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What Will Happen:

If approved, this procedure *modifies* the 2016 tax year by only removing a spouse's (or parent's) income. Your income/data (and your custodial parent's, if dependent) remains unchanged.

- C. Death of a spouse (or parent if dependent).** After completing the FAFSA your spouse (or a parent if dependent) has passed away.

How To Document:

1. Attach a detailed narrative/explanation of circumstances relating to this request. Include the date of the death.
2. Provide documentation of your 2016 gross income if you are the person whose spouse has passed away (or your surviving parent's if they are the person whose spouse passed away). Ex. IRS tax return transcript, W-2's, and in some cases schedules C, D, E, F, etc. from the federal return.
3. Attach a copy of the death certificate.

What Will Happen:

If approved, this procedure *modifies* the 2016 tax year by only removing a spouse's (or parent's) income. Your income/data (and your surviving parent's, if dependent) remains unchanged.

- D. One-time income.** Occasionally a student or parent of a dependent student may receive uncharacteristic income that was reported on the FAFSA. Examples may include inheritance, atypical or one-time bonus, personal injury settlement, catch-up payments of child support owed from previous years, unusual capital gains, worker's compensation buyouts, or the conversion of a regular IRA into a Roth IRA.)

Note: special consideration cannot be made for any income or assets that were spent on personal-choice items or everyday family expenses such as vacation expenses, tithing expenses, children's allowances, car payments, lawn care, gambling losses, mortgage payments, student loan payments or credit card payments. Additionally, adjustments are not made to exclude assets that were transferred to the parent to enable a grandparent to qualify for Medicaid.

How To Document:

1. Attach a detailed narrative/explanation of circumstances relating to this request.
2. Provide documentation of the one-time payment from an official source (notification from employer of atypical bonus, IRS form 1099-R indicating a pension or annuity rollover, lump sum child support payment, court-appointed legal settlements, etc)

What Will Happen:

If approved, this procedure *modifies* the 2016 tax year by removing the one-time income. All other income/data remains unchanged.

- E. Significant nondiscretionary expenses** paid during the current or prior award year, such as paid medical bills not covered by insurance (defined as already paid by you or parent, but unreimbursed by insurance), elementary/secondary school tuition, or unusually high child care, dependent, or elder care.

How To Document:

1. Attach a detailed narrative/explanation of circumstances relating to this request.
2. Provide documentation to support the narrative/explanation

What Will Happen:

Federal methodology used to calculate an Expected Family Contribution (EFC) protects a certain percentage of family income for living expenses through Income Protection Allowances (IPA). In the event that substantiated expenses exceed this allowance, adjustments may be made to the student's Expected Family Contribution (EFC) or Cost of Attendance (COA). No adjustments will be made to a student's EFC or COA if the expense does not exceed the IPA. If eligible, the procedure may decrease the EFC or increase the COA.



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2017 Income: CHART A

Report all gross income received from **January 1, 2017 – December 31, 2017** in the applicable areas that have changed since you filed the FAFSA using 2016 income. Attach 3rd party documentation of all income (pay stubs, w-2 forms, termination notices, benefits statements, etc.) to this form.

	2017 Annual Total 1/1/2017 – 12/31/17	
Gross income earned from work (wages, salaries, tips, etc.)	Student	
	Student Spouse	
	Student Mother	
	Student Father	
Other taxable gross income (dividends, interest, pension distribution, alimony, unemployment, etc.) SPECIFY SOURCE(S): _____	Student	
	Student Spouse	
	Student Mother	
	Student Father	
Social Security Benefits (Including SSI)	Student	
	Student Spouse	
	Student Mother	
	Student Father	
TANF/ADC	Student	
	Student Spouse	
	Student Mother	
	Student Father	
Child Support received	Student	
	Student Spouse	
	Student Mother	
	Student Father	
All other gross untaxed income SPECIFY SOURCE(S): _____	Student	
	Student Spouse	
	Student Mother	
	Student Father	

I certify that all information on this form and on the documents submitted to support this information is true and correct to the best of my knowledge. I understand that proof of income may include a copy of my federal and/or state income tax return, pay stubs, benefits statements, or other notification(s)/ letter(s). I also understand that if I do not provide proof/documentation when requested, this appeal cannot be considered.

By signing this form I/we give NWC permission to make corrections/adjustments to our FAFSA information.

Student's Signature

Date

Parent's Signature (if applicable)



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2018 Income: CHART B

1. Report all gross income actually received from January 1, 2018 – Today (column 1) in the applicable areas that have changed since you filed the FAFSA using 2016 income. Attach 3rd party documentation of all income (pay stubs, w-2 forms, termination notices, benefits statements, etc.) to this form.
2. Estimate all future expected gross income to be received from **Tomorrow – December 31, 2018** (column 2) in the applicable areas that have changed since you filed the FAFSA using 2015 income. Attach a statement or chart showing how you calculated your future 2018 income to this form.

		<i>COLUMN 1</i> Actual Gross \$ Received from 1/1/2018 – Today	+	<i>COLUMN 2</i> Estimated Gross \$ Received from Tomorrow – 12/31/18	=	2018 Annual Total (Actual \$ + Estimated \$)
Gross income earned from work (wages, salaries, tips, etc.)	Student		+		=	
	Student Spouse		+		=	
	Student Mother		+		=	
	Student Father		+		=	
Other taxable gross income (dividends, interest, pension distribution, alimony, unemployment, etc.) SPECIFY SOURCE(S): _____	Student		+		=	
	Student Spouse		+		=	
	Student Mother		+		=	
	Student Father		+		=	
Social Security Benefits (Including SSI)	Student		+		=	
	Student Spouse		+		=	
	Student Mother		+		=	
	Student Father		+		=	
Temporary Assistance to Needy Families (TANF) or Aid to Dependent Children (ADC)	Student		+		=	
	Student Spouse		+		=	
	Student Mother		+		=	
	Student Father		+		=	
Child Support received	Student		+		=	
	Student Spouse		+		=	
	Student Mother		+		=	
	Student Father		+		=	
All other gross untaxed income SPECIFY SOURCE(S): _____	Student		+		=	
	Student Spouse		+		=	
	Student Mother		+		=	
	Student Father		+		=	

I certify that all information on this form and on the documents submitted to support this information is true and correct to the best of my knowledge. I understand that proof of income may include a copy of my federal and/or state income tax return, pay stubs, benefits statements, or other notification(s)/ letter(s). I also understand that if I do not provide proof/documentation when requested, this appeal cannot be considered.

By signing this form I/we give NWC permission to make corrections/adjustments to our FAFSA information.

Student's Signature _____

Date _____

Parent's Signature (if applicable) _____

Date _____