

**Parent Income**

# 2021-2022 SPECIAL CIRCUMSTANCES REQUEST

Student name: \_\_\_\_\_

Student L#: \_\_\_\_\_

Parent name: \_\_\_\_\_

Student phone: (      ) \_\_\_\_\_

If there has been a **significant** change in the financial information provided by your parent(s) since you filed your FAFSA, you may ask for a review of your parent(s) financial situation. Requests are reviewed in the order received. You must have an award letter from our office before your request will be reviewed. Please allow two to eight weeks for processing. A second appeal will not be considered based on 2021 income changes unless you experience an additional substantial change in your financial information. [www.lanecc.edu/financialaid/request-tax-transcript](http://www.lanecc.edu/financialaid/request-tax-transcript).

**☀ YOUR REQUEST WILL NOT BE REVIEWED WITHOUT DOCUMENTATION ☀**

**Check the box that best matches your parent(s) circumstances:**

Circumstance	Tax Year	Guidelines	Documentation Required
<input type="checkbox"/> Loss or reduction of Income	<input type="checkbox"/> 2020 <input type="checkbox"/> 2021	Make sure your parent(s) income for the year chosen is less than your 2019 income	<ul style="list-style-type: none"> <li>● Tax Return Transcript/Signed Return <b>AND</b> ALL parent(s) W-2s, 2020 or 2021 or parent(s) Wage and Income Transcript from IRS.gov</li> <li>● If lost job in 2021, can use info above or submit the documents below.                         <ul style="list-style-type: none"> <li>-2 or 3 most recent paystubs</li> <li>-Termination notice or layoff letter from employer</li> <li>-Verification of unemployment benefits received or denied</li> <li>-Evidence of any other untaxed income, such as child support, severance pay, retirement, IRA and pension payments</li> </ul> </li> </ul>
<input type="checkbox"/> Medical/Dental/Health expenses paid in 2020 or 2021 but were not reimbursed by insurance/third party	<input type="checkbox"/> 2020 <input type="checkbox"/> 2021	<ul style="list-style-type: none"> <li>● Federal law states that we can only consider medical expenses in excess of 11% of you Adjusted Gross Income</li> <li>● You can find your AGI on your most recent tax return</li> </ul>	<ul style="list-style-type: none"> <li>● Tax Return Transcript/Signed Return for year chosen <b>and</b> a copy of Schedule 1; <b>OR</b></li> <li>● Out of pocket expenses exceeding 11% of your AGI <b>and</b> documentation of your figures (i.e., W2s and paid statements from provider)</li> </ul>
<input type="checkbox"/> Death of a Parent	<input type="checkbox"/> 2020 <input type="checkbox"/> 2021	Your parent earned income in 2019 or 2020 or 2021 and is now deceased	<ul style="list-style-type: none"> <li>● Obituary or death certificate</li> <li>● Tax Return Transcript/Signed Return or W-2s from year chosen. If no wages, provide wage transcript from IRS</li> </ul>
<input type="checkbox"/> Divorce/Separation of parents	<input type="checkbox"/> 2020 <input type="checkbox"/> 2021	Your parents are now divorced or separated since filing your FAFSA	<ul style="list-style-type: none"> <li>● Copy of the divorce decree or a statement on letterhead from an attorney, counselor, or clergy person</li> <li>● Proof of separate residences</li> <li>● Tax Return Transcripts/Signed Return <b>AND</b> ALL W2s for your parents in 2020 or 2021 to separate income from joint returns</li> </ul>
<input type="checkbox"/> Other unusual circumstance	<input type="checkbox"/> 2020 <input type="checkbox"/> 2021	Type and sign a statement detailing the unusual circumstance you/your parent(s) have experienced	<ul style="list-style-type: none"> <li>● All document(s) that support your circumstance.</li> <li>● Provide documentation from an independent third party that supports your statement (eg. hospital records, court filing, housing documents).</li> </ul>

Check all benefits received in **2020** or **2021**

-SSI -WIC -Food Stamps -Free/Reduced School Lunch -TANF -Dislocated Worker

Did you receive any child support payments in the most recent tax year? If so how much \$ \_\_\_\_\_ Month/Year

Signing this form certifies that all the information reported on it is complete and accurate. I understand that incorrect information may affect future financial aid funding, result in a \$20,000 fine or both. Requests are processed in the order in which they are received, and will take two to six weeks to review. All decisions are final.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_