Financial Aid Special Circumstances Form
2010-2011

____Dependent

Student Name

____________________________

Social Security Number

____Independent

Emplid

___(______)_____________________

Phone Number

The Free Application for Federal Student Aid (FAFSA) form advises you to contact the financial aid administrator at your
school if you have special circumstances not covered on the application that would affect your eligibility for student
financial aid. Before the Financial Aid Office can review the information on this form, you must have previously filed a
2010-2011 FAFSA.

The information provided on your original application may not be updated if your income reduction is not significant or
appears inconsistent. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional
financial aid resources.

Please complete all of the required information appropriate to your circumstances. Incomplete forms will not be processed.

1. Please check the reason for submitting your special circumstances request and attach the requested
documentation. Please note: the Financial Aid Office reserves the right to request additional documentation, if
needed. Date of Loss ______ / ______ / ______

□ A. Loss of income for parent or independent student (spouse, if applicable) from work due to layoff, closing
of business, termination.

Required Documentation
• Letter from former employer(s) effective dates and severance, vacation, personal and sick leave pay out.
• Copy of final pay stub from previous employer(s).
• Letter from unemployment office documenting effective dates and benefits received.
• Two (2) current pay stubs (if presently employed).
• W2 forms for student and/or spouse, and for parent(s) if dependent
• Documentation of any other income received during the calendar year.

□ B. Death of a spouse (Independent) or death of a parent (Dependent) has occurred after your FAFSA was
filed. Documentation needed: Copy of death certificate.

stating start/end dates and benefit amount.

□ D. Loss of child support. Documentation needed: Letter or court document stating start/end dates and
child support amount.

□ E. Loss of unemployment compensation. Documentation needed: Letter from unemployment office
stating start/end dates and benefit amount.

□ F. Loss of Worker’s Compensation benefits. Documentation needed: Letter from Bureau of Worker’s
Compensation stating start/end dates and benefit amount.

2. Complete and submit the 2010-2011 Independent/Dependent Verification Worksheet and attach a signed copy
the 2009 federal 1040 for both you and/or your parent or you and/or your spouse. You do not have to resubmit this
information if you have already provided it to the Financial Aid Office.
3. Please explain in detail the reason(s) for your request for special circumstances and the details of your income reduction. Provide an additional sheet if necessary.

4. Please provide the amount that you and your family expect to receive between January 1, 2010 and December 31, 2010. If your parent is divorced, separated, or widowed, don’t include information about the other parent. If you are divorced, separated, or widowed, do not include information about your spouse.

<table>
<thead>
<tr>
<th>Anticipated income for 2010</th>
<th>Independent Students</th>
<th>Dependent Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student</td>
<td>Spouse</td>
</tr>
<tr>
<td>Taxable income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Untaxed income (child support, Military Living Allowances, etc)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TANF</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL INCOME</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

*Please note: Income for 2010 will not be projected at the end of the year. If you are completing your Special Circumstance appeal after December 1, 2010, you must wait and submit your appeal with a signed copy of your 2010 federal tax form.

Certification Statement: I (we) certify that the information provided on this form is complete and accurate to the best of my (our) knowledge. If I (we) provide false or misleading information, I (we) understand that I may be fined, sent to prison, or both. I (we) understand that should the circumstance(s) identified in this form change due to subsequent employment and/or receipt of monies not available at the time of submission of this form, I (we) will notify the Office of Financial Aid immediately of these changes.

A parent’s signature is only necessary when you were required to provide information about them on your 2010-2011 Free Application for Federal Student Aid (FAFSA).

Student Signature

Date

Parent Signature

Date

Chester Campus
Goyne Hall, Room A103
13101 Jefferson Davis Highway
Chester, Virginia 23831
804-706-5236
Fax: 804-706-5083

Midlothian Campus
Academic Building, Room A110
800 Charter Colony Parkway
Midlothian, Virginia 23114
804-594-1550
Fax: 804-594-1630