NEW RIVER Community College Special Circumstance Student Name: Student ID Number:				
			<u></u>	ent ID Number:
			=	ete this form if your, your spouse's, or your parents' financial situation has changed significantly he information you entered on the FAFSA for the 2026-2027 school year.
the FA	we will consider an income reduction, we must verify that the information originally submitted on FSA is correct. If you have not already completed the verification process, you may be asked for an all documentation.			
	. – Reason for Appeal: There are five conditions under which recalculations will be considered. the appropriate condition that applies to you and your family and submit the required ents.			
	Loss of Job/Decrease in Income: You, your spouse or your parents lost a job or are no longer employed full-time. You must submit a signed statement indicating the circumstances and include either a copy of the unemployment benefits statement, the letter of termination, or a signed statement indicating loss of job on company letterhead from the former company. Please include the dates of job loss or switching to part time in your signed statement.			
	Loss of Untaxed Income: You, your spouse or your parents received some form of untaxed income or benefit and has partially or completely lost that income or benefit. Attach a signed statement explaining the benefit and circumstances.			
	Loss of Taxable Income: You, your spouse or your parents received other taxable income such as unemployment, retirement, etc. and has completely lost that income or benefit. Attach a signed statement explaining the benefit and circumstances.			
	☐ Death of Spouse or Parent: Your spouse or parent for whom income was submitted on the FAFSA has died. <i>Please submit a copy of the death certificate</i> .			
	Unusual/Unreimbursed Medical Expenses: You, your spouse or your parents paid unusual medical/dental expenses (over \$2,000 out-of-pocket and not reimbursed by insurance) in 2024 or 2025. Attach a detailed explanation, listing the expenses paid in either 2024 or 2025, and documentation to show expense. (A year-end statement from your health insurance company is ideal documentation.)			

STEP 2 – Which Calendar Year's Income Do You Wish to Be Considered?

<u>Only one request</u> for consideration of reduced income b processed for 2025-2026. Please check the request you ar	
☐ I am requesting that NRCC Financial Aid staff r completed tax information. I am submitting my 20 applicable) or my 2025 IRS tax return transcripts for required on the 2026-2027 FAFSA.	25 IRS tax return transcripts (and spouse's if
☐ I am requesting that NRCC Financial Aid staff restimated tax information. I understand that NRCC 2026, and only up until January 1, 2027 (after, the	will not project 2026 income until after July 1,
•	ibs for all jobs worked (must include year-to-
date earnings) ➤ Copies of spouse's most recent/last 202 year-to-date earnings), if applicable	26 pay stubs for all jobs worked (must include
Copies of each parent's most recent/las	st 2026 pay stubs for all jobs worked (must parent whose information is required to
 As of date of submission, documentation spouse, if applicable, and my parents, if 	parental information required on the FAFSA nd of 2026, a list of all anticipated earned and
☐ I am requesting income recalculation after Jan return transcripts (and my spouse's if applicable) of my parents, if parental information is required on income. If taxes have not been filed, please submit	or 2026 IRS tax return transcripts for me and the FAFSA, plus documentation of all untaxed
Income reduction appeals that do not have proper suppor will be declined. You, your spouse, or your parents might land documentation that will support your request for recinformation on this form is true and complete to the best	be required to provide additional information alculation due to income reduction. All the
Signature of Student	Date
Signature of Parent (if parental information on FAFSA)	Date