



**CRANFORD
CAMPUS**
1033 Springfield Ave
Cranford, NJ 07016
Phone: (908) 709-7500
Fax: (908) 709-7018

**ELIZABETH
CAMPUS**
40 West Jersey Street
Elizabeth, NJ 07016
Phone: (908) 965-6050
Fax: (908) 709 - 7018

**PLAINFIELD
CAMPUS**
232 East Second Street
Plainfield, NJ 07060
Phone: (908) 412-3571
Fax: (908) 709-7018



2019-2020 Special Circumstance Worksheet

Student Name: _____ ID: _____

Union County College recognizes that special circumstances may arise during the 2019 calendar year that will affect you and/or your parent's ability to contribute toward your education. This worksheet is designed to help you document this information so that the Financial Aid Office can attempt to make adjustments to your FAFSA that will help accurately reflect your financial situation. When we reconsider income information we are required to obtain a comprehensive view of your family's financial situation. Please keep this in mind when submitting information and provide all supporting documentation initially in order to substantiate your request.

Please complete the following steps:

1. Use the IRS data retrieval tool to import your taxes through the FAFSA at www.fafsa.gov and provide copies of all 2017 W-2's **OR** you may submit a 2017 tax transcript and copies of all 2017 W-2's. Tax transcripts can be obtained on-line via www.irs.gov. In place of the transcript you may submit a complete signed copy of a preparer's 2017 Federal Income Tax Return (Form 1040, 1040A or 1040EZ) that was submitted to the IRS.
2. Complete and submit the appropriate V1, V5 Standard Worksheet.
3. Describe in writing the change to your financial situation.
4. Report the type of change below by checking off the appropriate box.
5. Provide all supporting documentation to substantiate your request for reconsideration of your FAFSA data.
6. Check your Owl's Nest email for follow up messages from the Financial Aid Office and respond appropriately.

Complete the Change to Financial Situation Listed Below:

Unemployment: Name of person(s) affected and relationship to student: _____

- Signed letter from employer on company letterhead verifying separation from employment. The letter must include the date of hire, date of separation and income and benefits received at separation.
- Copy of final pay stub from employer.
- Unemployment benefits, please submit a copy of the benefit statement or denial notification.
- If separated from more than one employer, please submit a letter of separation and final pay stub for each employer.

Disability: Name of person(s) affected and relationship to student: _____

- Submit a copy of disability income benefit statement.

- If denied benefits, please submit supporting documentation, such as a denial of benefits notification, as well as documentation from a physician or insurance agency verifying circumstances/extent of disability.

Death of Parent(s) (for dependent students only): Name of person(s) affected and relationship to student: _____

- Please submit a copy of the death certificate.

Divorce/Separation Name: of person(s) affected and relationship to student: _____

- Date of separation or divorce: _____
- Please submit a copy of the divorce decree, or if separated submit documentation indicating separate residences (e.g. utility statements, lease or mortgage statement).

One-Time Income (if appealed for same income type in prior year, appeal may not be considered):
 Name of person(s) affected and relationship to student: _____

- Type of income that will not be repeated in 2019 (e.g. 401k withdrawal):

Loss of benefits: Name of person(s) affected and relationship to student: _____

- Please submit supporting documentation of type of benefit loss (e.g. Child support, Social Security, etc.).
- Date of benefit termination: _____.

I certify that all information reported on this form is complete and correct. I understand that giving false or misleading information may result in denial or cancellation of financial aid.

NOTE: Computer generated signatures are not acceptable.

Student Signature: _____ **Date:** _____

For Dependent students only:

Parent Signature: _____ **Date:** _____

No federal, state, or institutional financial aid will be awarded to you until the verification process is complete.

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs.

Union County College is accredited by The Middle States Commission on Higher Education.

<http://ucc.financialaidtv.com/>

Financial Aid Office – financialaid@ucc.edu

CRI: FC19SCAP: 19/20 Special Appeal