



Caldwell Community College and Technical Institute

Financial Aid Office • Phone: 828-726-2713 • Fax: 828-726-2709

2024-2025 Special Circumstance Request

Your 2024-25 financial aid is based on 2022 income reported on the FAFSA. If you and/or your parents experienced a significant loss of income or employment that reduced your/their income or limits your/their ability to contribute towards your educational expenses, you may request the Financial Aid Office review your Special Circumstance. If you have been selected for verification, you must complete that process before completing this worksheet. Complete and return this form to the Financial Aid Office along with documentation to support your request.

Student Name: _____ CCC&TI ID: _____

Please Check	Change in Circumstance	Required Supporting Information
<input type="checkbox"/>	<p>Significant change of income due to loss or change of Employment (which reduces your family's anticipated 2024 total income)</p>	<ul style="list-style-type: none"> • Expected income section completed on page 2 (required) • Copy of the last/most recent pay stub for both parents in household • Termination /Severance Notice • Copy of unemployment benefits (if applicable)
<input type="checkbox"/>	<p>Provide copies of 2023 Federal Tax returns</p>	<ul style="list-style-type: none"> • If Data Exchange was used on FAFSA, 2022 tax information has been verified • Demonstrate loss of income as compared to 2022
<input type="checkbox"/>	<p>One Time/Non-Recurring Payment</p>	<ul style="list-style-type: none"> • Clarification (e.g., IRA distribution, sale of property, inheritance, Form 1099) • Explanation of how income was used with documentation of expenditures
<input type="checkbox"/>	<p>Medical Expenses</p>	<ul style="list-style-type: none"> • Estimate of 2024 medical expenses <i>not</i> reimbursed or paid by insurance • Documentation of outstanding/prior year medical bills <i>Not</i> reimbursed or paid by insurance
<input type="checkbox"/>	<p>Separation/Divorce/Death</p>	<ul style="list-style-type: none"> • 2022 federal tax return with W-2 statements (if not on file with our office) • Copy of separation/divorce document. Death certificate
<input type="checkbox"/>	<p>Other (e.g., natural disaster)</p>	<ul style="list-style-type: none"> • Description and documentation of the circumstance.

(Continued)

ADDITIONAL INFORMATION

Required: Explain you and/or your family's circumstances below.

Attach separate document(s) if more space is required.

Name of individual experience the wage loss/unemployment _____

Date when unemployment/reduced income began (if applicable) _____

Do Not Leave the Section Below Blank

2024 Estimated Income	Student	Spouse	Parent(s)
2024 Expected Income from work	\$	\$	\$
2024 Unemployment benefits	\$	\$	\$
2024 Disability income/insurance payout	\$	\$	\$
2024 Veterans non-education benefits	\$	\$	\$
2024 Support from friends/ relatives	\$	\$	\$
2024 Child support received for all children	\$	\$	\$
2024 Other income sources:	\$	\$	\$
Total	\$	\$	\$

STUDENT AND PARENT CERTIFICATION

I certify that the information provided on this form is accurate and complete as of this date. I understand that the request of a financial aid reevaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Financial Aid Office use Only

Financial Aid, Director Signature _____ EFC Change Yes No