



Nunez Community College  
 3710 Paris Road  
 Chalmette, LA 70043  
 504-278-6487 fax  
 financialaid@nunez.edu  
[www.nunez.edu](http://www.nunez.edu)

## 2023-2024 Special Circumstance Request Form

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Complete this form, if you or your family have unusual circumstances that may affect your ability to contribute to your 2023-2024 educational expenses. Special circumstances that may be considered are separation/divorce, death, change or loss of employment income, unusually high medical expenses, or loss of benefits, etc. Submit this completed form with the required documentation listed below to your campus aid office.

**\*\*Verification of your FAFSA information must be completed first before adjustments can be made. Regularly check your LOLA account for requirements to see what documents are needed.**

Required Steps for Special Circumstance Request: <i>(incomplete request will not be accepted)</i>	
1. Complete your <b>2023-2024 FAFSA</b> and have it sent to the Financial Aid Office.	<ul style="list-style-type: none"> <li>• <a href="http://www.fafsa.gov">www.fafsa.gov</a></li> <li>• Federal Processor will send us your FAFSA results</li> </ul>
2. <b>Attach a Signed Letter</b> specifying your unusual circumstances	<ul style="list-style-type: none"> <li>• Include date(s) situation occurred</li> <li>• Specify all employers where job loss occurred</li> <li>• List <b>ALL</b> 2021 or 2022 employers for student, spouse, &amp; parents</li> </ul>
3. Complete the <b>2023-2024 Household Size/College Verification form</b>	<ul style="list-style-type: none"> <li>• <a href="http://www.nunez.edu/financial-aid">www.nunez.edu/financial-aid</a> under Financial Aid - Forms and documents</li> </ul>
4. Provide copies of <b>2021 and 2022 W-2 Forms AND/OR 2021 and 2022 1099 Forms</b>	<ul style="list-style-type: none"> <li>• For independent student (and student's spouse, if married); or</li> <li>• For dependent student and student's parent(s)</li> <li>• 2021 and 2022 W-2 wages must match IRS transcript wages for both years,</li> <li>• If W-2 is not available, send 2021 and 2022 IRS Wage &amp; Income Transcript available at: <a href="http://www.irs.gov/transcript">www.irs.gov/transcript</a></li> </ul>
5. Provide <b>2021 and 2022 Income Tax Records</b>	<ul style="list-style-type: none"> <li>• <b>For 2021 and 2022 Tax Filers</b> (send Tax Return Transcript for <u>each</u> person)               <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent student (<b>and</b> spouse if student is married) or</li> <li><input type="checkbox"/> Dependent student <b>and</b> parent (parent &amp; current spouse, or both parents if unmarried &amp; living together)</li> <li><input type="checkbox"/> Request at <a href="http://www.irs.gov/transcript">www.irs.gov/transcript</a>, or 1-800-908-9946</li> </ul> </li> <li>• <b>For 2021 and 2022 Non-tax Filers</b> (complete the 2023-2024 Verification form for <u>each person</u> who did not file a tax return)               <ul style="list-style-type: none"> <li><input type="checkbox"/> Student section (student and student spouse, if married)</li> <li><input type="checkbox"/> Parent section (parent and parent spouse, if married)</li> <li><input type="checkbox"/> <a href="http://www.nunez.edu">www.nunez.edu</a> under Financial Aid - Forms and documents</li> </ul> </li> </ul>
6. Complete <b>Special Circumstance Request Form</b>	<ul style="list-style-type: none"> <li>• Complete <b>ALL</b> applicable sections and questions of this form, and sign the certification statement at the end:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent student and spouse (if student is married)</li> <li><input type="checkbox"/> Dependent student and parent</li> </ul> </li> </ul>
7. <b>Documentation required, specific to your situation</b>	<ul style="list-style-type: none"> <li>• Required documents listed under "Reason for Special Circumstance Request"</li> </ul>
Reason for Special Circumstance Request	

Reason (check box(s) below)	Whose situation Changed in 2020 or 2021?	Documents Required (must pertain to person who had the loss)
<input type="checkbox"/> <b>Employment Loss</b> <input type="checkbox"/> Layoff <input type="checkbox"/> Termination	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ol style="list-style-type: none"> <li><b>Employer Separation/Termination Notice or employer signed statement:</b> <ol style="list-style-type: none"> <li>Must be on company letterhead</li> <li>Must document severance package (if received)</li> <li>Must specify effective date of separation/termination</li> </ol> </li> <li><b>Copy of last 2021 or 2022 pay stub received from student/spouse/parent affected:</b> <ol style="list-style-type: none"> <li>For <u>All</u> 2021 and/or 2022 employers</li> </ol> </li> <li><b>Did or Will the person who had the job loss receive unemployment?</b> <ol style="list-style-type: none"> <li><input type="checkbox"/> Yes <input type="checkbox"/> No (<b>If yes, Unemployment Benefit Statement required</b>)</li> </ol> </li> <li><b>Did or Will this person remain Unemployed for 2022 or 2023?</b> <ol style="list-style-type: none"> <li><input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol> </li> <li><b>Is this person now employed?</b> <ol style="list-style-type: none"> <li><input type="checkbox"/> Yes, Date employment began _____/_____/_____ <input type="checkbox"/> No</li> </ol> </li> </ol>
<input type="checkbox"/> <b>Divorce/Separation</b>	<input type="checkbox"/> Student <input type="checkbox"/> Parent	<ol style="list-style-type: none"> <li><b>Copy of divorce decree or signed letter from lawyer</b> (must verify separation with intent to divorce)</li> <li><b>Specify date of divorce/separation</b> _____/_____/_____</li> </ol>
<input type="checkbox"/> <b>Death</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ol style="list-style-type: none"> <li><b>Copy of Death Certificate or full Obituary</b></li> <li><b>Specify date death occurred:</b> _____/_____/_____</li> </ol>
<input type="checkbox"/> <b>Excessive Medical Expenses</b>	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ol style="list-style-type: none"> <li>Copy of <b>Schedule A</b> from 2021 or 2022 federal tax return transcript or</li> <li><b>Doctor/Hospital</b> payments for <b>2021 or 2022</b> out-of-pocket expenses that you have <b>already paid</b>, beyond what your insurance covers</li> </ol>
<input type="checkbox"/> <b>Other</b>	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ol style="list-style-type: none"> <li>Documentation necessary to provide proof of your unusual circumstances</li> <li>Loss of alimony, child support, etc. must be documented by appropriate court order or official documentation</li> <li>Date(s) must be documented</li> </ol>

2022-23 Income You/Family Expect to Receive	Whose Income?	Total Estimated Annual Income from January 01, 2023 through December 31, 2024
<input type="checkbox"/> <b>Income earned from work</b>	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	\$ _____ (Student) \$ _____ (Student's Spouse) \$ _____ (Parent)
<input type="checkbox"/> <b>Taxable Income</b> (Unemployment Benefits, Interest/Dividend Income, Rental Alimony, etc.)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	\$ _____ (Student) \$ _____ (Student's Spouse) \$ _____ (Parent)
<input type="checkbox"/> <b>Nontaxable Income</b> (TANF, SNAP, Social Security Benefits, WIC, Child Support, Worker's Compensation, etc.)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	\$ _____ (Student) \$ _____ (Student's Spouse) \$ _____ (Parent)

By signing this form, I certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge. I agree to notify the Financial Aid Office, if any of the information provided on this form changes.

**Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

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

Student Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If student is married)*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Dependent students must also include parent signature)*

**TO BE COMPLETED BY FINANCIAL AID SCHOOL OFFICIAL**

-Approved  Denied

Comments: \_\_\_\_\_

Printed Name of School Official \_\_\_\_\_ Title \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_