

2020-2021
COVID-19 Special Circumstances Appeal Form

Student Name _____

Student ID _____

Purpose

The **2020-2021 FAFSA** takes into account **2018** tax year income. If your family's current financial situation has been drastically affected by the COVID-19 Pandemic, you may wish to consider submitting this form. Upon review, the Financial Aid Office may deem it appropriate for your FAFSA information to be adjusted to be more equitable and representative of your current financial situation.

Instructions

Complete sections 1 through 3 and ALL required steps below.

Deadline

For the **2020-2021 academic year**, the deadline for consideration is **April 15, 2021**.

1. SPECIAL CONDITION(S)

Indicate the appropriate reason(s) and the date(s) of your family's change in circumstance by checking the box(es) below. You will need to attach the required supporting documentation indicated below the applicable circumstance(s).

 Loss of employment or change in employment due to COVID-19

- Letter from employer on company letterhead that includes the last date of employment.
- Unemployment benefits determination document.
- Documentation of year-to-date income.

Month/Day/Year **Temporary reduction in income due to COVID-19**

- Letter from employer on company letterhead that includes the last date of employment.
- Unemployment benefits determination document.
- Documentation of year-to-date income

Month/Day/Year **Loss of 2020 earnings due to disability or natural disaster**

- Documentation of disability determination.
- Documentation of natural disaster.
- Documentation of year-to-date income (copies of most recent pay stubs from all employers).

Month/Day/Year **Other**

Provide a detailed explanation and attach documentation for the circumstance(s) impacting the reduction in your 2020 family income as compared to your 2018 income. If additional space is needed, attach a separate sheet.

2. STATEMENT OF ESTIMATED 2020 INCOME

Estimate your family income for the entire year (January 1, 2020 to December 31, 2020) by indicating the annual amounts in each space below. **If the question does not apply to you, indicate '0' - do not leave any lines blank. This form will be returned to you if it is incomplete, and this will delay the processing of your financial aid.**

If the student is **Dependent**, list parent(s) and/or student's information.

If the student is **Independent**, list student's and/or spouse's (if applicable) information.

	Dependent Student's Parent(s) Information	&/OR	Dependent or Independent Student/Spouse's Information
A. Expected 2020 Taxable Income			
1. Wages, Salaries, Tips	Father \$ _____		Student \$ _____
	Mother \$ _____		Spouse \$ _____
2. Pension & Annuities	\$ _____		\$ _____
3. Interest/Dividend Income	\$ _____		\$ _____
4. Business or Farm Income	\$ _____		\$ _____
5. Capital Gains	\$ _____		\$ _____
6. Rents Which Will Be Received	\$ _____		\$ _____
7. Alimony	\$ _____		\$ _____
8. Unemployment Compensation	\$ _____		\$ _____
9. Other Taxed Income,	\$ _____		\$ _____
Explain: _____			
B. Expected 2020 Untaxed Income & Benefits			
1. Social Security	\$ _____		\$ _____
2. Public Assistance	\$ _____		\$ _____
3. Child Support	\$ _____		\$ _____
4. Housing Allowance	\$ _____		\$ _____
5. Retirement or Disability Benefits	\$ _____		\$ _____
6. Worker's Compensation	\$ _____		\$ _____
7. Payments to Tax-Deferred Pensions & Savings Plans <i>(Paid directly or withheld from earnings - include 401K & 403B plans)</i>	\$ _____		\$ _____
8. Untaxed Portion of Pension	\$ _____		\$ _____
9. Other Untaxed Income,	\$ _____		\$ _____
Explain: _____			
	Total: \$ _____		Total: \$ _____

3. SIGNATURE(S)

By signing below, I/We certify that the above information is true and correct to the best of my/our knowledge:

Student Signature	Date	Student Daytime Phone Number
If Dependent , Parent Signature	Date	If Independent & Applicable , Spouse's Signature Date

Ensure that Sections 1 and 2, are complete and that all of the required supporting documentation is attached and return this form in person, via mail, fax, or email to finaid@mymail.lccc.edu at your earliest convenience.