

SPECIAL REVIEW REQUEST

FOR INCOME ADJUSTMENT FOR FEDERAL STUDENT AID

Submit this form if your family experienced a significant loss or decrease in income from the 2015 amounts reported on your 2017-18 FAFSA. *This special review request is for federal aid only; it does not affect state aid.* **COMPLETE ALL SECTIONS OF THIS FORM.**

STUDENT NAME: _____ **Phone:** _____

SECTION A. Special Circumstances - Check any that apply to your situation. Submit this form with the required documentation listed for your special circumstance. *Please submit copies of your original documents.*

SPECIAL CIRCUMSTANCE	REQUIRED DOCUMENTATION
<input type="checkbox"/> Loss of Employment Parent 1 Parent 2 Student Spouse (CIRCLE ALL THAT APPLY) Date of loss: _____ Re-employed?: Yes No (SELECT ONE) Date of re-employment: _____	<ol style="list-style-type: none"> Final paystub from lost job with year-to-date earnings. Termination notice from employer. Statement of unemployment benefits. Most recent paystub(s) from other parent (if two parents on the FAFSA) or Spouse (if married) with year-to-date earnings. Most recent paystub(s) from person who lost job if re-employed. 2016 Tax Return Transcripts for parent(s) and student or student and spouse if married. See Page 3 for instructions. 2016 W-2 Forms for parent(s) and student or student and spouse if married.
<input type="checkbox"/> Loss of Other Income Date of loss: _____ <input type="checkbox"/> Pension Income <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Other _____ (describe)	<ol style="list-style-type: none"> Documentation verifying effective date of loss. 2016 Tax Return Transcripts for parent(s) and student or student and spouse if married. See Page 3 for instructions.
<input type="checkbox"/> Separation or Divorce of Parents or Student/Spouse Date of event: _____	<ol style="list-style-type: none"> Divorce decree; or separation papers; or attorney letter. Documentation of child support or alimony. Most recent paystub(s) with year-to-date earnings from custodial parent (if dependent); or Student (if independent.) 2016 Tax Return Transcripts for parent(s) and student or student and spouse if married. See Page 3 for instructions. 2016 W-2 Forms for parent(s) and student or student and spouse if married.
<input type="checkbox"/> Death of Parent or Spouse Date of Death: _____	<ol style="list-style-type: none"> Death certificate Statement of Survivor Benefits, if any Most recent paystub(s) with year-to-date earnings from custodial parent (if dependent); or Student (if independent.) 2016 Tax Return Transcripts for parent(s) and student or student and spouse if married. See Page 3 for instructions. 2016 W-2 Forms for parent(s) and student or student and spouse if married.
<input type="checkbox"/> One-Time Receipt of Income in 2015	<ol style="list-style-type: none"> Documentation of one-time payment that shows source and date of receipt. Detailed letter describing how funds were used and the balance remaining at this time.
<input type="checkbox"/> Excessive Medical Expenses in 2015 or 2016 (Expenses greater than 11% of Adjusted Gross Income)	<ol style="list-style-type: none"> Statement detailing amounts paid out of pocket (not covered by insurance or other means for medical expenses paid in 2016. Proof of expenses paid. 2015 and 2016 Tax Return Transcripts for parent(s) (if dependent) or student (if independent.) See Page 3 for instructions.

Enter your JCC ID: J00_____

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SECTION B. Report Other Income – List amounts received after the occurrence of your special circumstance.

	SOURCE OF INCOME	AMOUNT
<input type="checkbox"/> NO <input type="checkbox"/> YES	Distribution from a pension or IRA account	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Social Security Disability (SSD)	\$ _____ per month
<input type="checkbox"/> NO <input type="checkbox"/> YES	Short or long-term disability	\$ _____ per month
<input type="checkbox"/> NO <input type="checkbox"/> YES	Child support you receive for child in household	\$ _____ per month
<input type="checkbox"/> NO <input type="checkbox"/> YES	Child support you pay for child <u>not</u> in household	\$ _____ per month
<input type="checkbox"/> NO <input type="checkbox"/> YES	Insurance settlements	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Other (describe)	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Other (describe)	\$ _____

SECTION C. Report Household Information

List the name and age of all household members as defined below. Also include the name of the college for any household member, other than parent(s), who will be enrolled at least half time in an undergraduate degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2017 and June 30, 2018.

Who should be included in household?

DEPENDENT STUDENTS:

▪ Yourself ▪ Your parent(s), including stepparent (if applicable,) even if you don't live with them. ▪ Your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-18. Include children who meet either of these standards, even if they do not live with your parent(s). ▪ Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.

INDEPENDENT STUDENTS:

▪ Yourself and your spouse, if married. ▪ Your children if you will provide more than half of their support from July 1, 2017, through June 30, 2018 even if they do not live with you. ▪ Other people if they live with you now and will continue to live with you from July 1, 2017 through June 30, 2018 and you will continue to provide more than half of their support through June 30, 2018.

Full name of each household member	Age	Relationship to student	Attending College	Name of college If attending at least half-time in 2017-
		<i>I am the student</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Jamestown Community College</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Check this box and attach a separate page with student's name and JCC ID number at the top if more space is needed.

SECTION D. Certification

I certify that all information provided in this document is true, complete and accurate. I understand that if I purposely give false or misleading information I may be fined, sentenced to jail, or both. I understand that special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not result in a change to the financial aid already offered.

Student signature: _____ **Date:** _____

Parent signature: _____ **Parent phone:** _____

(Parent signature required if student is dependent for federal student aid purposes.)

Allow 4-6 weeks for file review during peak processing periods. You will receive written notification of the outcome upon completion of the review.

Providing a 2016 Tax Return Transcript for Financial Aid at JCC



How to request a Tax Return Transcript Online – Get a Tax Transcript at www.irs.gov

What you need to Get Transcript Online:

- Social Security Number • date of birth • mailing address from your latest tax return • tax return filing status • access to your email account • personal account number from a credit card, mortgage, home equity loan, or car loan • a mobile phone with your name on the account
1. Click “Get Transcript Online” and follow prompts to create an account.
 2. Select **Tax Return Transcript for 2016**.
 3. Download and print transcript. You may need to disable your computer’s pop-up blocker.
 4. Submit transcript to the Financial Aid office.

What you need to Get Transcript by Mail:

- Social Security Number or ITIN • date of birth • mailing address from your latest tax return
1. Provide the requested information. The IRS uses your SSN, date of birth, and the address used to file your tax return to verify your identity.
 2. Under “Type of Transcript” select **Return Transcript**. Under “Tax Year” select **2016**.
 3. You can expect to receive your tax return transcript by mail in 5-10 days at the address on your 2016 tax return.
 4. Submit transcript to the Financial Aid office.

How to request a Tax Return Transcript by phone – Automated Telephone Request 1-800-908-9946

1. Follow the automated prompts to enter the primary tax filer’s Social Security Number and the numbers of the street address as filed on the 2016 tax return.
2. Select “Option 2” to request a “Return Transcript.” Enter “2016” for the year. *Do not select “Option 1” for an “Account Transcript”; this document is not a complete record of the tax return.*
3. If your request is successful, the message on the telephone will indicate that the IRS has accepted your request.
4. You can expect to receive your tax return transcript in 5-10 days at the address on your 2016 tax return.
5. Submit transcript to the Financial Aid office.

How to Request a Tax Return Transcript – Paper Request Form

Download IRS Form 4506T-EZ and instructions at <https://www.irs.gov/pub/irs-pdf/f4506tez.pdf>

1. Lines 1 – 4: Provide name, address and social security number.
2. Line 5: This provides the option to have tax information directly to a third party.
Do NOT have your tax information sent directly to JCC.
3. Line 6: Enter 2016 for year(s) requested.
4. Sign, date and provide a telephone number.
5. Mail or fax Form 4506T-EZ according to form instructions. NY and PA residents mail to: Internal Revenue Service, RAIVS Team, Stop 6705 P-6, Kansas City, MO 64999. FAX to: 855-821-0094
6. You can expect to receive your transcript by mail in 5-10 days at the address you provided on the request form. Submit transcript to the Financial Aid office.

Special Situations

Victims of IRS Identity Theft - A victim of IRS identity theft who is not able to obtain a 2016 IRS Tax Return Transcript or use the IRS DRT must contact the IRS at 1-800-908-4490 to receive a printout of the tax return by mail. Submit this printout along with a signed statement indicating that you were a victim of IRS tax-related Identity theft and that the IRS has been made aware of the tax-related identity theft to the financial aid office.

Non-IRS Income Tax Returns - An individual who filed a 2016 income tax return with Guam, Northern Mariana Islands, Puerto Rico, or the U.S. Virgin Islands may provide a signed copy of the 2016 income tax return. An individual who filed a 2016 income tax return with American Samoa must provide a tax return transcript from the taxing authority. An individual who filed a 2016 income tax return with a foreign tax authority but provide a tax return transcript from the taxing authority unless the taxing authority charges a fee to obtain the transcript. In that case, provide documentation that there is a fee along with a signed copy of the 2016 income tax return.