

**SPECIAL REVIEW REQUEST**  
**FOR INCOME ADJUSTMENT TO FEDERAL STUDENT AID**

The financial aid office may make adjustments to information submitted on the FAFSA form on a case-by-case basis when special circumstances exist. This request form must be completed and returned to our office with supporting documentation to determine if you qualify for a special exception. This special review request is for federal aid only; it does not affect state aid.

**IMPORTANT:** Include information for yourself (student) and for your spouse if you are currently married and not separated. Provide information about your parent(s) if you are required to include parental information on your FAFSA.

**SECTION A. Student Information**

**Student's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SECTION B. Verification** Submit the following documentation with this form unless already provided for verification:

- Copy of student's/spouse's 2015 Forms W-2 and 2015 IRS tax return transcript  
*Tax return transcripts can be ordered online at [www.irs.gov](http://www.irs.gov) or by phone at 1-800-908-9946.*
- Copy of parents' 2015 Forms W-2 and 2015 IRS tax return transcript
- Signed and completed 2016-17 Verification Worksheet (Available at [www.sunyjcc.edu/financialaid/forms.](http://www.sunyjcc.edu/financialaid/forms.))

**SECTION C. Documentation** Check the box(es) that apply and provide all documentation requested.

- Involuntary loss of employment:** *(By checking this box you are stating that your total household income for 2016 will be less than it was in 2015 due to an involuntary loss of employment.)*

Adjustments may be made in cases where the parents of a dependent student or an independent student or their spouse experience a reduction in income. Adjustments will **not** be made because of a dependent student's change in income.

Name of person(s) who lost employment: \_\_\_\_\_

Effective date(s) of the loss of employment: \_\_\_\_\_

Reason for loss of employment: \_\_\_\_\_

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Submit **all applicable documentation** listed below and check the box beside the documents you are submitting. (If documentation is not attached this request will be considered incomplete and may hold up disbursement of your federal aid. A review of your special circumstances cannot be done until all information is complete.)

- Photocopies of the **last pay stub** for the person who lost employment – please mark as “**last pay stub**”
- Photocopies of the **most current pay stub** for student /spouse (and parent[s] if dependent student)
- Documentation of **unemployment benefits** (If none received, indicate why in a signed, written statement.)
- Documentation of **other 2016 taxable/nontaxable income** for student/spouse (and parent[s] if dependent student)
- Other: \_\_\_\_\_ (additional documentation to help support your case)

Enter your JCC ID: J00\_\_\_\_\_

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**SECTION C. Documentation** (*continued*): Check boxes that apply and attach documentation as required.

- Death of spouse or parent** (if dependent student):
  - A photocopy of the death certificate
  - Documentation of any death benefits received or expected, and the date received or expected
- Separation or divorce of student or parent** (if dependent student):
  - Submit **Marital Status form** or **Parent Marital Status form** (if dependent). (Forms available at [www.sunyjcc.edu/financialaid/forms](http://www.sunyjcc.edu/financialaid/forms).)
  - Attach photocopies of **spouse/ex-spouse's W-2s** if a joint tax return was filed for 2015.
- Excessive medical expenses for calendar year 2015** (To request this adjustment, you/your family must have medical expenses that are greater than 11% of your/your family's Adjusted Gross Income for the year indicated.)
  - Provide a signed and dated statement (student/parent's signature required) for medical expenses paid out of pocket\* by student/spouse/parent explaining the expenses incurred and when they were paid.
  - Provide the total paid out of pocket\* for medical expenses during year indicated above: \$ \_\_\_\_\_
  - Attach photocopies of documentation that will support your claim.**

*\*Not paid by insurance or any other agency. These are bills you/your family have paid during the 2015 calendar year.*
- Removal of one-time distribution** (Total household income in 2015 was inflated due to a one-time distribution.)
  - Indicate the type and amount of income to be removed:  
Type \_\_\_\_\_ Amount \$ \_\_\_\_\_
  - Reason for distribution: \_\_\_\_\_
  - How and why distribution was spent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Attach photocopies of documentation to support your claim.**

**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.*

**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.

**JCC Financial Aid Office | PO Box 20 | Jamestown, NY 14702-0020**  
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FAX 716.338.1459 | EMAIL [financialaid@mail.sunyjcc.edu](mailto:financialaid@mail.sunyjcc.edu)  
We recommend you mail your documents via the US Postal Service to protect your personal information.