



Pamlico Community College

Office of Financial Aid

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2025-2026 Special Circumstances Appeal

Student Name: _____ Student ID: _____

In cases where 2025-2026 family income is expected to be substantially less than income reported on the 2023 tax returns, or if you have special circumstances we should take under advisement, you may request a review of family contribution and financial eligibility. Your family situation should meet one of the criteria used by Pamlico Community College to determine special circumstances. Complete and return this form to the Financial Aid Office along with documentation to support your request. **The decision reached regarding your Professional Judgement request by Pamlico Community College Financial Aid Office is final and cannot be appealed. A notification will be sent via your PCC student email account.**

PART I: Instructions for Completion

- Submit a copy of IRS tax return transcripts from the 2023 and 2024 tax year (including W-2s), all current year-to-date earnings, and any benefit documentation for the student, spouse, and/or parent(s) if applicable. If the student, spouse, or parent(s) filed separately, the student must provide all IRS tax transcripts.
- Provide a typed, signed, and detailed statement explaining the circumstances including how the student and/or student family’s financial status has changed.
- Complete only the sections that apply to your situation and provide ALL required documentation.
- Provide all requested signatures. Include the student’s name and student ID number on all attached documents.

Incomplete requests will not be considered; if additional information is required, you will be notified promptly

To ensure a more accurate income adjustment for those who have lost employment, please wait at least 90 days after the change has occurred to submit a request for review of special conditions criteria for Part IV sections A and B. If this occurs after the beginning of the fall semester, please wait to submit this judgment after you complete your taxes for the 2024 year.

PART II: Household Members and Relationship

Please list all household members, including yourself as defined on the FAFSA. Independent students: include spouse and dependent children. Dependent students include parent(s), and dependent children included in the parents’ household. **If a listed family member will be attending college at least half-time for the 2025-2026 school year, please also include the name of institution.**

Household Member Name	Age	Relationship	Name of College Attending for 2025-2026 at least half-time
		Self	Pamlico Community College

Student Name: _____ Student ID: _____

PART III: Explanation of Situation

Please check one box that corresponds to your situation:

SITUATION	DOCUMENTATION REQUIRED
<input type="checkbox"/> Death of Parent/Spouse	<ul style="list-style-type: none"> • Photocopy of death certificate and/or obituary
<input type="checkbox"/> Disability or Natural Disaster	<ul style="list-style-type: none"> • Date disability or natural disaster occurred • Proof of disability (medical documentation, letter from vocational rehabilitation, etc.) • Current year-to-date pay stubs from all jobs held • Proof of disability income
<input type="checkbox"/> Divorce or Separation	<ul style="list-style-type: none"> • Divorce decree/separation papers or proof of separate living accommodations • Tax Return Transcript and Wage & Income Transcript
<input type="checkbox"/> Elementary/Secondary Tuition	<ul style="list-style-type: none"> • Paid invoice • Letter certifying enrollment from school
<input type="checkbox"/> Loss of Employment/Income for Student, Spouse or Parent (loss of employment should occur 12 weeks prior to request)	<ul style="list-style-type: none"> • Termination letter/severance letter from employer with last date of employment • Most recent pay stubs or statement of earnings to date • Statement of benefits • Other applicable documentation to verify loss of other income • Tax Return Transcript and Wage & Income Transcript
<input type="checkbox"/> Medical expenses (only applies if you filed a 1040 Schedule A)	<ul style="list-style-type: none"> • Federal 1040 income tax return form including • Schedule A
<input type="checkbox"/> Retirement	<ul style="list-style-type: none"> • Letter of separation from employer • Last pay stub showing earnings • Statement of Retirements benefits
<input type="checkbox"/> Other	<ul style="list-style-type: none"> • Provide all supporting documentation

PART IV: Explanation of Circumstances and Additional Required Documents

A) Student, Spouse, or Parental total loss of employment for more than 90 consecutive days – This must be a complete loss of employment.

Check only one box that corresponds to your situation and provide the documentation listed where applicable.

Termination or cessation of employment for _____ weeks

Required documentation of termination or cessation of employment:

- 2023 and 2024 Tax Returns, including all schedules, and W2s or Wage & Income Statement(s)
- Employer’s notice and/or written documentation of termination/cessation
- Most recent pay stubs or statement of earnings to date for all employment for all parties
- Notice of application for unemployment compensation and the amount received
- Documentation of all other sources of income for all parties (taxable and non-taxable)
- Attending Doctor’s statement of disability
- Notification of Worker’s Compensation
- Documentation of employer disability payments

Name of person who is unemployed: _____

If not the student, please list the relationship: _____

Student Name: _____ Student ID: _____

Disability or natural disaster; unable to earn money for _____ weeks

Required documentation of disability or natural disaster:

2023 and 2024 Tax Returns, including all schedules, and W2s or Wage & Income Statement(s)

- Attending Doctor's statement of disability
- Documentation of date disability or natural disaster resulted in termination of employment
- Documentation of employer disability payments
- Notification of Worker's Compensation
- Documentation of Official Declaration of Natural Disaster
- Most recent pay stubs or statement of earnings to date for all employment of all parties
- Documentation of all other sources of all parties' income (taxable and non-taxable)

B) Student, Spouse or Parental loss of untaxed income or benefit for more than 90 consecutive days – This must be a complete loss of the benefit. The untaxed income or benefit would have been from a public or private agency, or company, or person because of a court order. Do not include veterans' educational benefits.

Check only one box that corresponds to your situation and provide the documentation listed where applicable.

Loss of unemployment compensation for _____ weeks

Required documentation of loss of unemployment compensation benefits:

- 2023 and 2024 Tax Returns, including all schedules, and W2s or Wage & Income Statement(s)
- Notice of application for unemployment compensation and amount received
- Termination Letter including date benefits ceased
- Unemployment insurance benefits
- Most recent pay stubs or statements of earnings to date for all employment for all parties
- Documentation of all other sources of all parties' income (taxable and non-taxable)

Loss of or reduction in Social Security benefits for _____ weeks

Required documentation of loss of social security benefits:

- 2023 and 2024 Tax Returns, including all schedules, and W2s or Wage & Income Statement(s)
- Date benefits ceased
- Documentation from agency providing benefits that states when benefits stopped, and amount received (if any) in the current year
- Most recent pay stubs or statements of earnings to date for all employment for all parties
- Documentation of all other sources of all parties' income (taxable and non-taxable)

Loss of or reduction in Disability benefits for _____ weeks

Required documentation of loss of disability benefits:

- 2023 and 2024 Tax Returns, including all schedules, and W2s or Wage & Income Statement(s)
- Date disability occurred
- Proof of disability (medical documentation, letter from vocational rehabilitation, etc.);
- Current year-to-date pay stubs from all jobs held
- Proof of disability income
- Documentation of all other sources of parent income (taxable and non-taxable)

Loss of or reduction in Welfare benefits for _____ weeks

Required documentation of loss of welfare:

- 2023 and 2024 Tax Returns, including all schedules, and W2s or Wage & Income Statement(s)
- Benefit provider's notification of loss of benefit
- Most recent pay stubs or statements of earnings to date for all employment of all parties
- Documentation of all other sources of parent income (taxable and non-taxable)

Student Name: _____ Student ID: _____

Loss of or reduction in Court Ordered Child Support for _____ weeks

Required documentation of loss of court ordered child support:

- 2023 and 2024 Tax Returns, including all schedules, and W2s or Wage & Income Statement(s)
- Court documents verifying loss and date/conditions of loss
- Most recent pay stubs or statements of earnings to date for all employment of both parties
- Documentation of all other sources of parent income (taxable and non-taxable)

Other _____ for _____ weeks

C) You (the student) have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, you or your parents have separated or divorced.

Please provide the date you or your parents separated or divorced: _____
(MM/DD/YY)

Required documentation:

- 2023 and 2024 Tax Returns, including all schedules, and W2s or Wage & Income Statement(s)
- Court documented separation agreement or divorce decree/settlement

D) You (the student) have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, one of your parents (or your spouse) has passed away.

Please provide the date your parent (or spouse) passed away: _____
(MM/DD/YY)

Required documentation:

- All 2023 and 2024 W2 forms for both tax filers and Wage & Income Transcript for surviving taxfiler
- Death Certificate
- Student's Birth Certificate (if reporting death of a parent)
- Student's Marriage Certificate (if reporting the death of a spouse)
- Obituary

PART VI: Projected Income for 2025

Please provide estimates of income for the following, if applicable. If an item does not apply, write "N/A".

Income Source	Student	Spouse, if married	Parent(s), if dependent
Wages & Salaries	\$	\$	\$
Unemployment	\$	\$	\$
Disability Benefits	\$	\$	\$
Social Security Benefits	\$	\$	\$
Child Support Received	\$	\$	\$
Alimony Received	\$	\$	\$
Other Untaxed Income	\$	\$	\$
Other:	\$	\$	\$

Be certain you have completed the following before submitting your appeal to us:

- Provide a typed detailed letter of appeal that explains how your family's financial status has changed and indicate the situation that applies by checking the appropriate box on this form.
- Please complete all sections of this form.
- Attached required documentation.

Student Name: _____ Student ID: _____

PART VII: Certification Statements and Signatures for Corrections

Each person signing below certifies that all the information reported on this application and any attachments provided is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information on my Student Aid Report, I may be subject to a \$20,000 fine, a prison sentence, or both. I understand that failure to provide the required documentation may result in the denial of this application.

I authorize the Pamlico Community College Financial Aid Office to make corrections to my original and/or subsequent Student Aid Report, if necessary, based on the documentation provided. *If you are a dependent student, it is required that at least one parent sign the form.*

Student Signature (Required)

Date

Parent's Signature (Required, If Dependent Student)

Date

Spouse's Signature (Required, if married)

Date

FOR FINANCIAL AID OFFICE USE ONLY **Special Circumstance Certification**

Approved

Denied

Need Analysis

Student Name: _____ Student ID: _____
COA: _____ Initial SAI: _____ New SAI: _____

	Verified Income	Verified AGI	Verified Taxes Paid	Adjusted Income for PJ	Adjusted AGI for PJ	Adjusted Taxes Paid for PJ
Student Information	\$	\$	\$	\$	\$	\$
Parental Information	\$	\$	\$	\$	\$	\$
Spouse Information	\$	\$	\$	\$	\$	\$

Reason/Explanation:

FA Reviewer: _____ Signature: _____

Title: _____ Date: _____