

SPECIAL REVIEW REQUEST
FOR INCOME ADJUSTMENT FOR FEDERAL STUDENT AID



Jamestown Community College recognizes that families may experience unforeseen financial circumstances and/or expenses. If your financial situation has changed considerably from the information you provided on the Free Application for Federal Student Aid (FAFSA), and the financial situation meets one or more of the categories listed below, **complete ALL sections and submit this form with the required documentation to the JCC Financial Aid and Billing Office. Allow 4 to 6 weeks for file review during peak processing periods.** You will be notified of the outcome of our review via email.

STUDENT NAME: _____ **Phone:** _____

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

SPECIAL CIRCUMSTANCE	REQUIRED DOCUMENTATION
<input type="checkbox"/> Loss of Employment (CIRCLE ALL THAT APPLY) Parent 1 Parent 2 Student Spouse Date of loss: _____ Re-employed? Yes No (CIRCLE ONE) Date of re-employment: _____	1. Signed and dated letter explaining circumstances. 2. Final paystub from lost job with year-to-date earnings. 3. Termination notice from employer or resignation letter. 4. Verification of receipt of unemployment benefits received. 5. Complete section B on Page 2. 6. If completing after January 1, 2027, a copy of your 2026 federal income tax return (1040) and W-2 statements are required.
<input type="checkbox"/> Loss or reduction of Other Income Date of loss/reduction: _____ <input type="checkbox"/> Pension Income <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Alimony <input type="checkbox"/> Other _____ (describe)	1. Signed and dated letter explaining circumstances. 2. Documentation of cancellation or reduction verifying effective date. 3. Complete Section B on Page 2.
<input type="checkbox"/> Separation/ Divorce or Death of Parent(s) or Spouse after submission of the 2026-27 FAFSA. Date of separation/divorce or Death: _____	1. Signed and dated letter explaining circumstances. 2. Divorce decree, separation papers, or attorney letter. 3. Documentation of child support or alimony. 4. Death: copy of Death Certificate. 5. Complete Section B on Page 2.
<input type="checkbox"/> One-Time Receipt of Income in 2024	1. Documentation of one-time payment showing source/date of receipt. 2. Detailed letter describing how funds were used and the balance remaining at this time. 3. Complete Section B on Page 2.
<input type="checkbox"/> Excessive Medical Expenses in 2024 or 2025 (Expenses greater than 11% of Adjusted Gross Income)	1. Statement detailing amounts paid out of pocket, not covered by insurance or other means, for expenses for the years' incurred. 2. Proof of expenses paid. 3. Documentation of the amount paid by insurance.

SECTION B. Expected Income

Complete the below chart **ONLY** if your special circumstances request is related to loss of employment.

Answer all areas of the following table. If "\$0" please indicate "0" or if not applicable, indicate "N/A".

Source of Income	Income to Date (01/01/2026-Today)	Estimated Income (Tomorrow-12/31/2026)	Total
Father/Stepfather income earned from work (wages, salaries, tips , net business/farm income) Attach a copy of last pay stub(s). If completing after January 1, 2027 submit 2026 W-2 form(s)	\$	\$	\$
Mother/stepmother income earned from work (wages, salaries, tips , net business/farm income) Attach a copy of last pay stub(s). If completing after January 1, 2027 submit 2026 W-2 form(s)	\$	\$	\$
Student income earned from work (wages, salaries, tips, net business/farm income). Attach a copy of last pay stub(s). If completing after January 1, 2027 submit 2026 W-2 form(s)	\$	\$	\$
Spouse income earned from work (wages, salaries, tips, net business/farm income). Attach a copy of last pay stub(s). If completing after January 1, 2027 submit 2026 W-2 form(s)	\$	\$	\$
Other taxable income (401K withdrawal, dividends, interest income, pensions, annuities, alimony, capital gains, severance pay, etc.) please specify: _____	\$	\$	\$
Unemployment Benefits *Attach a copy of benefit statement	\$	\$	\$
Child Support received for 2026	\$	\$	\$
Worker's Compensation	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Disability Benefits	\$	\$	\$
Other Income Source(s)-specify:	\$	\$	\$

SECTION C. Report Family Size Information

List the name and age of all household members as defined below.

Who should be included in Family Size?

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, 2026, through June 30, 2027, or if the other children would be required to provide parental information if they were completing a FAFSA for 2026-27. 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, 2026.

INDEPENDENT STUDENTS:

▪ Yourself and your spouse, if married. ▪ Your children, if you will provide more than half of their support from July 1, 2026, through June 30, 2027 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, 2026 through June 30, 2027 and you will continue to provide more than half of their support through June 30, 2027.

Full name of each family member	Age	Relationship to student
		<i>I am the student</i>

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)