

2002 – 2003

**REQUEST FOR CONSIDERATION
OF SPECIAL CIRCUMSTANCES**

NAME: _____ SS#: _____ DATE: _____

The Financial Aid Office at Monroe Community College realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible need for additional funding as a result of these unusual circumstances or expenses.

SECTION A – Please check all conditions that apply and submit **ALL** necessary documentation for each condition. Request's for Consideration of Special Circumstances will not be processed without sufficient documentation.

Situation effects _____ parent and/or _____ student/spouse income (check as appropriate)

CONDITIONS

DOCUMENTATION REQUIRED

____ 1. Widowed, divorced, or separated since completing your 2002-2003 FAFSA.	<ul style="list-style-type: none">• Letter of explanation. Include date of marital status change.• Copy of divorce decree/separation papers (if available) or copy of death certificate.• Copies of most recent 2002 pay stub(s) as of today for each job held by remaining parent/self.• COMPLETE SECTION B. Include any support payments received from divorced or separated spouse or life insurance payments from deceased spouse.• COMPLETE SECTION C. (signatures)
____ 2. Reduction in or loss of income or benefit (For example: Loss of income due to unemployment, retirement, illness, or job change or loss of benefits such as: Unemployment Compensation, Child Support, SSI, Untaxed Retirement or Disability, Welfare, TANF)	<ul style="list-style-type: none">• Letter of explanation. Please include the approximate dates when the change of income occurred.• COMPLETE SECTION B.• Documentation of 2002 Income. (copies of most recent pay stubs)• COMPLETE SECTION C. (signatures)
____ 3. Extraordinary medical expenses not covered by insurance in 2001.	<ul style="list-style-type: none">• Copies of paid receipts or copies of cancelled checks (NOT BILLS). Do not include what was paid by insurance, or a third party.
____ 4. Parent enrolled in college at least half-time as a matriculated degree student at a Title IV eligible institution.	<ul style="list-style-type: none">• A copy of a paid tuition bill or receipt.• Verification of enrollment in a degree program.
____ 5. Other	<ul style="list-style-type: none">• Submit a detailed letter explaining the situation and provide any necessary documentation.

SEE OTHER SIDE FOR SECTIONS B AND C

SECTION B – Expected 2002 Income Worksheet (To be completed **only** if you checked items 1 or 2)

INSTRUCTIONS: Please complete this page using expected income for 2002 of the person/people having the special situation. We cannot assume a blank line to mean “0” or “none”. Insert the appropriate response on each line. **You must submit documentation of ALL estimated income.** If filing this form for separation or death of a parent, use only your custodial parents income.

Provide expected 2002 Income for the person(s) whom the special circumstances effects:

Student (and Spouse)

Parents

1. **Total expected wages earned from work in 2002:**
 STUDENT \$ _____
 SPOUSE \$ _____

1. **Total expected wages earned from work in 2002:**
 FATHER (STEP-FATHER) \$ _____
 MOTHER (STEP-MOTHER) \$ _____

2. **Other taxable income:**
 Taxable interest or dividend income \$ _____
 Alimony \$ _____
 Business or Farm income \$ _____
 Capital gains/other gains \$ _____
 IRA distributions \$ _____
 Pensions & annuities \$ _____
 Unemployment Compensation \$ _____
 Taxable social security benefits \$ _____
 Other (rental, royalties, etc.) \$ _____

2. **Other taxable income:**
 Taxable interest or dividend income \$ _____
 Alimony \$ _____
 Business or Farm income \$ _____
 Capital gains/other gains \$ _____
 IRA distributions \$ _____
 Pensions & annuities \$ _____
 Unemployment Compensation \$ _____
 Taxable social security benefits \$ _____
 Other (rental, royalties, etc.) \$ _____

TOTAL TAXABLE INCOME \$ _____

TOTAL TAXABLE INCOME \$ _____

3. **Non-taxable income:**
 Tax-deferred pension payments \$ _____
 Deductible IRA/Keogh payments \$ _____
 Child support received \$ _____
 Welfare benefits/TANF \$ _____
 Untaxed portions of pensions \$ _____
 Untaxed social security benefits \$ _____
 Workers compensation \$ _____
 Veterans non-education benefits \$ _____
 Tax exempt interest income \$ _____
 Foreign income exclusions \$ _____
 Living allowances for clergy or
 Members of the military \$ _____
 Any other untaxed income \$ _____

3. **Non-taxable income:**
 Tax-deferred pension payments \$ _____
 Deductible IRA/Keogh payments \$ _____
 Child support received \$ _____
 Welfare benefits/TANF \$ _____
 Untaxed portions of pensions \$ _____
 Untaxed social security benefits \$ _____
 Workers compensation \$ _____
 Veterans non-education benefits \$ _____
 Tax exempt interest income \$ _____
 Foreign income exclusions \$ _____
 Living allowances for clergy or
 Members of the military \$ _____
 Any other untaxed income \$ _____

TOTAL NON-TAXABLE INCOME \$ _____

TOTAL NON-TAXABLE INCOME \$ _____

TOTAL EXPECTED 2002 INCOME \$ _____
 (Taxable Income + Non-taxable Income)

TOTAL EXPECTED 2002 INCOME \$ _____
 (Taxable Income + Non-taxable Income)

SECTION C – Certification by person(s) requesting special circumstance consideration.

The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify the Monroe Community College Financial Aid Office of any error or omission in the above information, or of any further circumstances which affect the accuracy of the provided information. I understand that failure to comply with this agreement could result in forfeiture of financial aid eligibility of the student.

 Student Signature

 Date

 Parent Signature

 Date