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

SECTION A - Please check □ all conditions that apply. Submit ALL required documentation and or information for each condition and for each person(s). Your request may be denied due to lack of required documentation and or specific information as outlined below. In addition, we may ask for more documentation and or information.

The circumstances cited in this request apply to:

| □ Student | □ Mother/Stepmother | □ Spouse | □ Father/Stepfather |

Did you apply for consideration of special circumstances in 2015-2016?

| □ Yes | □ No |

This form is being filed as a result of the following condition(s):

1. Loss or Reduction of Income / Loss or Reduction of Benefit. For example: Unemployment, Laid Off, Retirement, Worker’s Compensation, or Child Support.

Requests for this condition will be accepted after May 31, 2016.

Submit the following documentation:

- □ Letter of explanation of circumstances from student/parent.
- □ Date(s) of Change(s): ___________________.
- □ Copies of most recent 2016 pay stub(s) as of today for all jobs held in 2016.
- □ Proof of 2016 unemployment income – letter regarding benefits.
- □ Documentation of cancellation or reduction of income or benefits.
- □ 2015 IRS Tax Transcript
- □ All 2015 W-2 Forms.
- □ Complete Section B on the reverse side of this form.

2. Separation/Divorce since applying for Federal Aid for this year.

Submit the following documentation:

- □ Letter of explanation of circumstances from student/parent.
- □ Date of separation/divorce: __________/_______/______.
- □ Documentation of Separation/Divorce.
- □ 2015 IRS Tax Transcript
- □ All 2015 W-2 Forms.

3. Death of Parent or Spouse since applying for Federal Aid for this year.

Submit the following documentation:

- □ Letter of explanation of circumstances from student/parent.
- □ Date of death: ___________________.
- □ Documentation of death (example: certificate).
- □ 2015 IRS Tax Transcript
- □ All 2015 W-2 Forms

4. Parent enrolled in college at least half-time in degree program.

Submit the following documentation:

- □ A copy of paid tuition bill or receipt.
- □ Verification of enrollment in a degree program

5. Request for Budget Adjustment Due to Childcare Expenses; or Extenuating Travel Expense; or Other Educational Expense.

Submit the following documentation:

- □ Letter of explanation of circumstances from student/parent.
- □ For Childcare, documentation or letter from childcare provider stating fee per week.
- □ For Travel, calculation of mileage each week for school (attach MapQuest).

6. Other. Submit the following documentation:

- □ A detailed letter explaining the situation from student/parent.
- □ Provide any necessary documentation
SECTION B – Expected 2016 Income Worksheet (Complete only for condition 1 on front)

1. Complete this page using expected income for 2016 of the person(s) having the special condition(s).
2. Insert the appropriate response on each line. We cannot assume a blank line to mean “0” or “none”.
3. You must submit documentation of ALL estimated income.
4. Calculate expected 2016 annual income (January 1, 2016 through December 31, 2016 if applicable) from ALL of the income sources listed below for the person(s) whom the special condition(s) impacts to demonstrate that the income for 2016 is substantially less than the income for 2015:

### Estimated 2016 Income

<table>
<thead>
<tr>
<th>Taxable Income:</th>
<th>Student</th>
<th>Spouse</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wages, salaries, tips</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2. Unemployment</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3. Interest/dividends</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4. Pensions</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5. Alimony</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>6. Business/Farm income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>or loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Rental Income or loss</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8. Other taxable income:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Untaxable Income:</th>
<th>Student</th>
<th>Spouse</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Child Support Received</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10. Workers Compensation</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>11. Payment to tax</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>deferred retirement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Untaxed Pension</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>13. Other untaxable income:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total Estimated 2016 Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### SECTION C – Certification:

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 MCC Financial Aid Office of any error or omission in the above information, or of any further circumstances which affect the provided information. If Special Circumstances applied for in more than one year, the MCC financial aid office will compare actual data from prior year to projected year before evaluating for a 2nd year. I understand that failure to comply with this agreement could result in forfeiture of financial aid eligibility of the student.

Deadline for submission is April 1, 2017, or prior to end of enrollment if that date is earlier.

☐ If I checked box 1, 2, or 3 on the front, I have attached copy of 2014 IRS Tax Transcript (unless already turned into MCC Financial Aid Office) and all W-2’s for me (and / or my parent) for 2015.

Student Signature __________________________ Date ____________

Parent Signature __________________________ Date ____________

To submit completed form with the required documentation: fax (585-292-3840), email financialaid@monroecc.edu, or mail it to the MCC Financial Aid Office 1000 East Henrietta Rd Rochester, NY 14623