

## **Special Consideration Request**

2018- 2019 Form

Student Name:							Student ID:	M	0	0				
The Financial Aid Office at Monroe Community College realizes that families sometimes experience unforeseen circumstances, such as loss of income, and/or increased expenses during an academic year. This form is designed to help you address changes to your family income and expenses.  *This review process only impacts Federal Aid and not New York State Awards.  Read and complete all appropriate sections of this form to request special consideration. You must submit all required documentation as listed on this form. Requests will not be processed without all required documentation.														
<b>SECTION A</b> - Please check ☑ all conditions that apply to your family's circumstance. Each situation requires a signed statement describing your situation. The statement should be as specific as possible, the more details you provide us with, the better we will be able to understand your current financial situation. Be sure to include the reason your income situation has changed since 2016 and specific dates these changes occurred. <b>Note</b> : We may be required to ask for more documentation and/or information. If a required document has been satisfied for this academic year, you will not need to supply this again.														
	The circumstances cited in this request apply to:  Student Spouse Mother/Stepmother Father/Stepfather													
SPECIAL CIRCUMSTANCE REASON & REQUIRED DOCUMENTATION														
Reduction or Loss of Employment														
Your (and your spouse's or parent's) income earned in 2018 is anticipated to be less than the income earned in 2016.														
<ol> <li>Letter of explanation of circumstances from student/parent including date of change(s)</li> <li>Most recent 2018 pay stub(s) for <u>all jobs</u> held including year to date earnings</li> <li>2018 Unemployment Benefits Summary</li> <li>2016 W2 Wage Statements for Student and/or Spouse or Parent(s)</li> <li>2016 Tax Return Transcript for Student and/or Spouse or Parent(s)</li> </ol>														
☐ Reduction or Loss of Untaxed Income														
Your (and your spouse's or parent's) 2016 benefits have been reduced or ceased in 2018. These may include Child Support, Social Security, Worker's Compensation, etc.														
<ol> <li>Letter of explanation of circumstances from student/parent including date of termination</li> <li>Documentation of 2018 updated figures</li> <li>Documentation of total 2016 benefits</li> <li>2016 W2 Wage Statements for Student and/or Spouse or Parent(s)</li> <li>2016 Tax Return Transcript for Student and/or Spouse or Parent(s)</li> </ol>														
Change in Marital Status since applying for Federal Aid for this academic year														
When the 1819 FAFSA application was filed, you included both your and your spouse's joint income or your parent's joint														

income and are now requesting our office to use only one income due to separation, divorce or widowed status.

- 1. Letter of explanation of circumstances from student/parent including date of change
- 2. Divorce decree or separation agreement, or certificate of death (if available)
- 3. Proof of separate residences for BOTH parties (ex: utility bill/lease)
- 4. Most recent 2018 pay stub(s) for all jobs held including year to date earnings
- 5. 2016 W2 Wage Statements for Student and/or Spouse or Parent(s)
- 6. 2016 Tax Return Transcript for Student and/or Spouse or Parent(s)

Student	Student	М	0	^			
Name:	ID:	IVI	U	U			l

## **SECTION B** – Expected 2018 Income Worksheet

Anticipated 2018 Student and/or Spouse/Parent Income Information (January 1, 2018 to December 31, 2018): Complete each item in the chart below for the full calendar year 2018. You will need to estimate where actual income figures are not available or have not yet been earned. **Do not leave any blank spaces**; **enter zero or N/A if necessary.** 

Taxable Income:	Student	Spouse/Parent
1. Wages, salaries, tips (actual) January 1, 2018 to Today	\$	\$
2. Wages, salaries, tips (estimate) Today to December 31, 2018		
3. Unemployment Benefits:	\$	\$
4. Severance Pay:	\$	\$
5. Business/Farm income (loss):	\$	\$
6. IRS Distributions:	\$	\$
7. Total Pension(s) or Annuities:	\$	\$
8. Other taxable income (Alimony, Capital Gains, etc.):	\$	\$
Non-Taxed Income:	Student	Spouse/Parent
9. Veteran's Non-Education Benefits:	\$	\$
10. Child Support Received in 2018:	\$	\$
11. Child Support Paid Out in 2018:	\$	\$
12. Disability/Workers Compensation:	\$	\$
13. Untaxed Portions of Pensions/Annuities (exclude rollovers):	\$	\$
14. Untaxed Portions of IRA Distributions (exclude rollovers):	\$	\$
15. Living Allowances for Military, Clergy, and Others:	\$	\$
16. Other Non-taxable Income: List Source:	\$	\$
Total Estimated 2018 Income	\$	\$

## 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 that affect the information provided. If a Special Consideration form applied for in more than one year, the MCC Financial Aid Office will compare actual data from the prior year to the projected year before evaluating for a 2<sup>nd</sup> 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 prior to end of the current enrollment period for which you are applying.** 

☐ I have included <b>all</b> red	quired documentation.		
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Student Signature	Date	Parent Signature	Date
	*Only re	equired for a Dependent Student/A Spouse	e is not required to sign