

Student Copy – Do not return to Financial Aid

2016-2017 SPECIAL CIRCUMSTANCES FORM

The Financial Aid Office recognizes that students and their families may have extenuating financial circumstances that the Free Application for Federal Student Aid (FAFSA) does not consider. We will evaluate appeals for special circumstances on a case-by-case basis when there are instances that the 2015 base year income does not accurately reflect the present financial situation. Submission of this appeal form does not guarantee a favorable change in your financial aid eligibility or award(s).

All students who wish to file an appeal based on special circumstances

Students requesting consideration for professional judgments should complete the 2016-2017 Special Circumstances Form, submit 2015 tax transcripts and 2015 W2's, and Verification Worksheet. Students requesting consideration for a special circumstance should meet with a Financial Aid administrator to ensure that all necessary forms have been completed accurately.

- Federal Financial Aid regulations state that the Institution's decision to perform a Professional Judgment on a parent, student's and/or spouse's income must be made on a case-by-case basis, justified by an individual student's unusual circumstances, and must be documented in the student's file.
- You must complete this form and attach **ALL** applicable documentation to be considered for Special Circumstances at Middlesex County College.
- Renewal of the Special Circumstance is **NOT** automatic. If this request for a Special Circumstance is approved, it is granted **ONLY** for the 2016-2017 academic year.

To complete an appeal, fill in all blanks, attach the requested documents, sign and date and submit the Special Circumstances Form to the Financial Aid Office. You will be notified of the decision by mail, e-mail or phone.

(Return to the Financial Aid Office)

2016-2017 Special Circumstances Form

Student Name: _____

MCC ID #: _____

Home Phone: _____ Cell Phone _____

E-mail address _____

1. Reason for Income Reduction (check those that apply):

REASON FOR CHANGE IN INCOME	Date of Change	FAMILY MEMBER AFFECTED
Loss/Change In Employment Status Of Parent/ Student and/or Spouse		
Divorce/Separation/Death Of Parent/Spouse		
Loss Of Untaxed Income Of Parent/ Student and or Spouse		
Disability Of Parent, Student Or Spouse		
Unusual Medical Expenses Not Covered By Insurance		
Other Unusual Expenses - Briefly Describe on separate sheet		

2. **Required Documentation Needed for ALL Special Circumstance Requests**

- 2016-2017 Verification Worksheet
- Signed copy of your **2015 Federal Tax Return Transcript and W2's**. Documentation of untaxed 2015 income (SSI, unemployment, monies received from family, etc.)

A. Death of Spouse or Parent

- Submit copy of death certificate.
- You must submit estimated income documentation such as last pay stub with year-to-date total, etc. Only the income of the surviving spouse/parent should be used.
- May exclude deceased spouse's/parent's income from 2015 or 2016 base year information.

B. Marital Separation, Pending Divorce or Divorce of Student and/or Parent

- Submit documentation of separation (attorney's letter, or documentation of separate residences).
- Submit court documentation for divorce.

C. Separation from Work due to Layoff or Termination

- Submit a letter or form documenting separation from employer. Document should be on company letterhead and include last date of work.
- Unemployment Benefits determination document.
- Submit documentation of 2015 income (last pay stub, Social Security, pension distribution, etc).
- Submit documentation of severance pay, if received.

D. Loss of Benefits or Non-Recurring Income (*Benefits received in 2015 are reduced or lost in 2016.*)

- Submit letter of reduction or termination indicating date of loss or reduction.
- Submit documentation of expected 2015 benefits.
- Documentation of loss of Social Security benefits due to child turning 18.
- For one time income from 2015 submit documentation indicating type and amount of income
- Document how funds were spent or invested.

E. High Medical or Dental Expenses not covered by Insurance

(Expenses must be a least 7.5% of Adjusted Gross Income (AGI) to meet the minimum threshold for consideration. Eligible expenses also include non-reimbursed dental and health care premiums).

- Submit 2015 Federal tax transcript showing that the taxpayer met the IRS threshold to deduct these expenses.
- Otherwise, please submit a listing of paid and non-reimbursed expenses with supporting documentation.

(Return to the Financial Aid Office)

2016-2017 Request for a Special Circumstance

Student Name: _____ **MCC ID #:** _____

3. 2016 GROSS INCOME WORKSHEET

Complete this worksheet and use parent, student and/or spouse expected income for the year 2016.
(If the answer is '0' or the question does not apply enter 0)

INCOME (From January 1, 2015 – December 31, 2015)	Student/Spouse	Parent
(As reflected on 2016-2017 FAFSA) Gross Income reflected on Taxes	\$	\$
INCOME (From January 1, 2016 – December 31, 2016)	Student/Spouse	Parent Complete
(Income projected for 2016 based on special circumstances)	Complete below:	below:
Earned income (e.g., wages, salaries, tips, work-study earnings)	\$	\$
Child Support Received	\$	\$
Other Financial Support received from family, friends or other:	\$	\$
Unemployment Benefits:	\$	\$
Social Security Benefits:	\$	\$
TOTAL	\$	\$

I certify that all the information reported on this request for Professional Judgment is complete and accurate to the best of my knowledge. I also give authorization to Middlesex County College to make any necessary changes to my Federal Student Aid Report.

Student Signature _____ Date _____

Parent/Spouse Signature _____ Date _____