

For Student Information Only

2017-2018 SPECIAL CIRCUMSTANCES FORM

The Financial Aid Office recognizes that students and their families may have extenuating financial circumstances that the 2015 base year income as reflected on the Free Application for Federal Student Aid (FAFSA) does not consider. 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. Upon reviewing the family situation and supporting documentation, the financial aid administrator will decide whether any adjustments can be made to the financial aid application to best reflect the present situation. However, please remember that submission of this appeal form **does not guarantee** a favorable change in your financial aid eligibility or award(s).

Steps to Completing the Special Circumstance Process:

1. Check the appropriate box on the following pages that apply to the special circumstance.
2. Complete this form and attach **ALL** applicable documentation and submit to West Hall, Enrollment Services
3. If clarification or additional documentation is needed, a Financial Aid Administrator will contact the student.

Please note, all students who are submitting a request for a Special Circumstances are **REQUIRED to submit the following documents in addition to any other requests for documents as indicated by their Special Circumstance.**

- A Letter from yourself explaining your special circumstance and current situation
- 2017-2018 Verification Worksheet
- Signed Copy of the 2016 Tax Return or Tax Transcripts
- 2016 W2 Form
- Documentation of any taxed and untaxed income selected in the table below for 2016
- Documentation of any taxed and untaxed income received in 2017
- Last Pay stub for 2017

******Failure to submit any of these documents, will result in your file not being processed.******

Submit to the Financial Aid Office

2017-2018 Special Circumstances Form

Last Name	First Name	M.I	MCC ID#	Date of Birth
Home Phone Number		Cell Phone Number		

1. If your family income was greatly reduced in 2016 that the 2015 base year income on the FAFSA does not reflect, then you qualify for a special circumstances review.
2. If your family income was greatly reduced in 2017 that the 2015 base year income on the FAFSA does not reflect, then you qualify for a special circumstances review.

****Submitting the special circumstances review does not automatically guarantee that your request will be approved or that an adjustment will be made to your financial aid. Please select the reason(s) that best describes your current situation and provide documentation as indicated below. ****

Marital Separation, Pending Divorce or Divorce of Student and/or Parent-You or your parents have divorced or separated AFTER you filed the financial aid application.

Please provide documentation of the following:

- Submit a copy of the Divorce Decree
- Submit documentation of separation (attorney’s letter, or documentation of separate residences).
- Submit court documentation for divorce.

Separation from Work due to Layoff or Termination-You, your spouse or a parent who earned money in 2015 lost their job.

Please provide documentation of the following:

- 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 2016 and 2017 income (last pay stub, Social Security, pension distribution, etc).
- Submit documentation of severance pay, if received.

Loss of Benefits or Non-Recurring Income (Benefits received in 2015 are reduced or lost in 2016 or 2017.)

Please provide documentation of the following:

- Submit letter of reduction or termination indicating date of loss or reduction.
- Submit documentation of expected 2016 and 2017 benefits.
- Documentation of loss of Social Security benefits due to child turning 18.
- For **one time income (capital gain from property sale, withdrawal of IRA or retirement benefits, etc.)** from 2016, letter explaining the type and amount of one-time income that was received in 2015 and will not be received in 2016 or 2017.
- Document how funds were spent or invested.

- ❑ **Disability**-You, your spouse or a parent has a disability that occurred in 2016 or 2017

Please provide documentation of the following:

- Submit Disability income determination notification or letter
- Submit a copy of the last pay sub showing year to date earnings

- ❑ **Death of Parent/Spouse**

Please provide documentation of the following:

- Submit a copy of the death certificate
- Submit documentation of life insurance proceeds/social security benefits if received
- Submit copy of last pay stub showing year to date earnings

- ❑ **High Medical or Dental Expenses NOT covered by Insurance**-You, your spouse or parents have medical and dental expenses that were paid out of pocket but 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).

Please supply copies of the following documents:

- Submit Schedule A from your 2016 federal tax return showing that the taxpayer met the IRS threshold to deduct these expenses.
- If Schedule A was not filed, please submit a listing of paid and non-reimbursed expenses with supporting documentation such as receipts or an itemized statement of expenses **PAID** out of pocket.

2016 Gross Income

Provide an itemization of all resources (taxable and non-taxable) that have been received between January 1, 2016 and December 31, 2016. If you believe that the 2016 income information does not accurately represent the present situation, please provide income information for 2017. Complete this worksheet and use parent, student and/or spouse income for the year 2016. **Please provide documentation to support the income that is written. (If the answer is '0' or the question does not apply enter 0)**

Description of Taxable Income and Resources	Income from Taxable Sources 01/01/2016 to 12/31/2016		
	Parent	Student	Spouse
Wages, Salaries and tips			
Severance Payment			
Unemployment benefits			
Retirement, Pensions and Annuities			
IRA 401K and 403B Annuities			
Alimony			
Other** (specify)			
Total			

Description of Untaxed Income and Resources	Income from Untaxed Sources 01/01/2016 to 12/31/2016		
	Parent	Student	Spouse
Disability and Worker's Compensation			
Social Security Benefits			
Child Support Received			
Other Financial Support Received from family, friends or other			
Foreign Income			
Housing, food and other living allowances paid to members of the military and clergy.			
Other** (specify)			
Total			

Please answer the following questions:

Name of the person affected by the Special Circumstance _____

What is the relationship of the person to the student? _____

When did this Special Circumstance occur? _____

Please submit the following REQUIRED Documents needed for ALL Special Circumstance Requests in addition the documents listed above for the student's specific Special Circumstance.

- A Letter from yourself explaining your special circumstance and current situation
- 2017-2018 Verification Worksheet
- Signed Copy of the 2016 Tax Return or Transcripts
- 2016 W2
- Documentation of any untaxed income written in the table above for 2016
- Documentation of any taxed and untaxed income received in 2017
- Last Pay stub for 2017

I certify that all the information reported on this request and supporting documents 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 _____

[FINANCIAL AID OFFICE USE ONLY]

Date Received: _____ If package is incomplete, date notice sent to student _____

PJ Decision APPROVED NOT APPROVED

FAA Comments: _____

Financial Aid Administrator Signature

Date