

Mountwest Community and Technical College
Financial Aid Office
2013- 2014 Special Circumstances Form

Student's Last Name, First Name, M.I.

Student's Social Security Number

Student's Street Address (include apt. no.)

Student's Date of Birth

City State Zip Code

Student's Email Address

Student's Home Phone Number

Student 942#

INSTRUCTIONS: Submit this form after you have filed the Free Application for Federal Student Aid (FAFSA). A Letter of Explanation must be submitted with all other required documentation or your request will be **denied**. The Financial Aid Office has the authority to approve or decline your request for special circumstance income adjustments. There is no guarantee that your request will be approved.

This is a special circumstance for:

_____ Mother _____ Father _____ Student _____ Spouse

If you have unusual circumstances as listed below, check the box next to each option that applies to you. If you were married at the time you applied for Financial Aid, you must provide information pertaining to your spouse. If you or your parent are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent give only your information or the information of the surviving parent

Return this completed form to the Financial Aid Office with all specified documentation. **Failure to provide all of the requested documentation will result in denial of the request.**

- Adult care costs
- Death in family
- Disability of student or spouse
- Divorce/Separation
- Income reduction
- Nonrecurring income
- Parent in college
- Tuition expenses at an elementary or secondary school
- Unemployment or change in employment
- Unusual debts, other than discretionary purchases
- Unusual medical or dental expenses not covered by insurance

Actual 2012 Income Information

Complete the income information below from January 2012 through December 2012.

SOURCE OF INCOME	STUDENT	SPOUSE	FATHER	MOTHER	TOTAL
Wages, Salaries, Tips					
Severance Pay and Other Income from Work					
Other Taxable Income (Include Unemployment Benefits)					
Social Security Benefits					
Other Untaxed Income (Earned Income Credit/Worker's Comp.)					
Temporary Assistance for Needy Families (TANF)					
Alimony and/or Child Support Received					
Total					

Estimated 2013 Income Information

Complete the information below from January 2013 to December 2013.

SOURCE OF INCOME	STUDENT	SPOUSE	FATHER	MOTHER	TOTAL
Wages, Salaries, Tips					
Severance Pay and Other Income from Work					
Other Taxable Income (Include Unemployment Benefits)					
Social Security Benefits					
Other Untaxed Income (Earned Income Credit/Worker's Comp.)					
Temporary Assistance for Needy Families (TANF)					
Alimony and/or Child Support Received					
Total					

Divide the **Estimated Total** column by the **Actual Total** column. _____

Move the decimal place to the right two places (Example:0.69 would be 69. _____

Subtract this number from 100. _____

DO NOT submit this form if the percentage is less than 30%. We will deny your request.

Adult Care Costs for Household Members

DOCUMENTATION REQUIRED! You must submit photocopies of all Schedule Tax Forms filed in 2012 and itemized receipts for adult care.

1. If adult care expenses paid in 2012, you must provide the following information for each family member **whom you included in your family size on your FAFSA application** who is receiving or received such support:

Name of family member _____ Age _____

Relationship to student _____

Adult care expense for 2012 \$ _____

Name of family member _____ Age _____

Relationship to student _____

Adult care expense for 2012 \$ _____

Income Reduction

DOCUMENTATION REQUIRED! You must submit photocopies of all documents requested as listed below.

Loss of job or benefit

Date of unemployment or loss _____

Provide supporting documents such as last pay stub, letter from employer or layoff notice that state last date of employment, and unemployment benefit statements that show funds received if applicable

Disability

Date of disability _____

Provide supporting documents such as disability determination, copies of checks, letter from employer, etc

Retirement

Date of retirement _____

Provide supporting documents such as letter from employer and Social Security Statement

Death in the family

Date of death _____

Life insurance proceeds received or to be received _____

Provide supporting documents such as copies of death certificate, insurance payments, and Social Security Statements

Divorced or Separation

Date of divorce or separation _____

Provide supporting documents such as copies of divorce decree, signed statement from separated spouse and copies of child support/alimony checks if applicable

Nonrecurring Income

DOCUMENTATION REQUIRED! You must provide verification of the source of nonrecurring income and the amount.

1. Will the total amount of income be significantly less in 2013 than in 2012 due to a one-time income such as an inheritance, or back-year social security payments? ____ Yes ____ No
2. Identify the date of occurrence: _____
3. Identify the source of income: _____
4. Identify the amount of income: _____
5. Identify how the funds were spent or invested _____

Parent in college

DOCUMENTATION REQUIRED! We need a letter from the Registrar of parent's school verifying enrollment and degree status as well as a copy of paid tuition bill.

1. Is the parent pursuing a **degree**? _____ Yes _____ No
2. Is the parent registered at least 6 credit hours? _____ Yes _____ No
3. What is the parent's total cost of tuition for the school year? \$ _____
4. Take the answer you gave for question #3 and divide it by your **total family income**.
(For example: \$597 total tuition cost divided by \$50,000 = 0.01 or 1%) If this answer is less than 10% of your total family income, do not turn this form in. **We will deny your request.**

Tuition Expenses at an Elementary/Secondary School

DOCUMENTATION REQUIRED! You must submit all 2012 Tax Schedules that were filed and receipts for tuition payments.

1. If payments were made for elementary/secondary education expenses in 2012, you must provide the following information for each family member **whom you included in your family size on your FAFSA application** who is receiving or received such support:

Name of family member _____ Age _____

Relationship to student _____

Elementary/secondary education expense for 2012 \$ _____

Name of family member _____ Age _____

Relationship to student _____

Elementary/secondary education expense for 2012 \$ _____

Unusual Debts, other than discretionary purchases

(No Credit Card Debt)

DOCUMENTATION REQUIRED! We need receipts or a payment summary from each person, company, or agency to whom or which money is owed.

1. If there are unusual debts or loans for which monthly payments are currently required (Limited to such things as legal fees for divorce, adoption, or uninsured property loss due to flood or fire), you must provide the following information:

Type or cause of debt _____

Owed by whom? _____

Amount of original debt \$ _____ Date debt incurred (month/year) _____

Balance owed on debt \$ _____ Date payments began (month/year) _____

Date payments end (month/year) _____ Monthly payment \$ _____

Total amount paid in 2012 \$ _____

2. Take the answer you gave for "Total amount paid in 2012 and divide it by your **total family income**. (For example: \$5,000 Total amount paid in 2012 divided by \$50,000 total family income = 0.10 or 10%). Enter this answer here _____.
If this answer equals 20% or less of total family income, do not turn this form in. **We will deny your request.**

Unusual Medical/Dental Expenses Not Covered By Insurance

DOCUMENTATION REQUIRED! You must submit photocopies of all documentation requested as listed below.

If you filed Itemized Deductions on your 2012 Federal 1040 Tax Return, you must also submit a copy of your Schedule A Tax Form. If you did not itemize your deductions, you must provide receipts of medical and dental payments made in 2012 that were not covered by insurance. The receipts must show the names of providers and dates of service.

Medical/Dental expenses up to 11% of the family's income are already taken into account by the federal needs analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses which **exceed 11%** of the family income will be considered an unusual circumstance.

1. Were you and/or your parents (spouse) covered by medical/dental insurance or did you have a medical card in 2012? _____ Yes _____ No
2. How much did you and/or your parent (spouse) pay for medical/dental expenses not covered by insurance in 2012? \$ _____
3. Take the answer you gave for question #2 and divide it by your **total family income**. (For example: \$5,000 in medical/dental expenses divided by \$50,000 total family income = 0.10 or 10%) Enter this answer here _____. If this answer equals 20% or less of total family income, do not turn this form in. **We will deny your request.**

