

Massasoit Community College  
**Income Reduction/Special Circumstances Appeal**

Student Name: \_\_\_\_\_ Student ID #: V00\_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

You may request a review of your financial aid package at any time due to significant changes in your family's circumstances that affect your ability to contribute to college costs by completing this Income Reduction/Special Circumstances Appeal.

Special circumstances are defined as unexpected events or situations beyond your control. Examples include loss of employment, reduction in work hours, loss of benefits such as Social Security or child support, long-term illness or disability, unusually high medical expenses, or the death of a spouse or dependent student's custodial parent after filing the FAFSA.

We cannot consider appeals based on credit card debt, car or mortgage payments, wedding/celebration expenses, consumer debt, private school costs, vacations or other non-discretionary expenses.

In addition to completing this form and providing all required supporting documentation, all appeals must include the following:

- 1) A typed (or neatly hand-written) signed statement explaining your special circumstances.
- 2) If not previously submitted:
  - a. Completed Dependent Verification Worksheet if you were required to provide parent information on the FAFSA, including the required 2016 tax return transcripts and W-2(s), if applicable, OR
  - b. Completed Independent Verification Worksheet if you were not required to provide parent information on the FAFSA, including the required 2016 tax return transcripts and W-2(s), if applicable.
- 3) Completed Sections A & B of this appeal.
- 4) Appeals submitted after 12/31/18 must include copies of all 2018 W-2 forms as well as 2018 federal tax returns. If you submit an appeal prior to 12/31/18, and it is approved, you may be required to provide 2018 federal tax returns before your Spring aid is disbursed.

\* Please note that omitting required documentation will cause delays in your appeal's review, or your appeal may be denied.

**Appeal Deadline (including all documentation): March 1, 2019**

**Section A: Reason for Appeal and Additional Required Documentation (Check All That Apply)**



**A. Unemployment or reduction of hours or wages – PLEASE NOTE THAT APPEALS BASED ON A SIGNIFICANT REDUCTION IN 2018 INCOME WILL NOT BE ACCEPTED UNTIL OCTOBER 1, 2018.**

Student, spouse or parent(s) who worked in 2016 is now unemployed or has had work hours and/or wage rate reduced.

**Additional Required documentation:**

- o Copy of last pay stub(s) from previous employer(s)
- o Copy of letter from employer on letterhead verifying the release from employment or reduction in hours/wages, the date the change became effective and the duration of the reduction if temporary
- o Documentation of unemployment benefits
- o Copy of disability benefit statement if applicable



**B. Medical or dental expenses**

You, your spouse or parent(s) made payments for expenses not covered by insurance. **Medical expenses for which you received no insurance or other reimbursement must exceed 11% of the family's taxable income** in order to be considered for appeal.

**Additional Required documentation:**

- o Submit copies of receipts or billing statements showing amounts for which you received no insurance or other reimbursement, as well as documentation of payment.
- o Total medical expenses for which you received no insurance or other reimbursement(s):  
\$ \_\_\_\_\_



**C. Death of spouse or parent**

Spouse or parent(s) passed away during, or after, 2016.

**Required documentation:**

- o Copy of death certificate, obituary, or funeral program
- o Documentation of any insurance, pension or retirement benefits received
- o Documentation of any changes in assets resulting from inheritance



**D. Reduction or loss of support or benefits**

Student, spouse or parent(s) received support or benefits in 2016 that have been terminated or reduced. Support or benefits may include: worker's compensation, unemployment benefits, child support, Social Security benefits, pensions, etc.

**Required documentation:**

- o Last check stub or printout of benefit received
- o Letter from agency on letterhead verifying the date and amount of benefit lost



**E. One-time income**

Student, spouse or parent(s) received non-recurring income in 2016 from a pension, IRA, annuity, inheritance, settlement, etc.

**Required documentation:**

- o Copy of form 1099 or other statement from paying agency showing the one-time income
- o Explain why the one-time income is not available for education expenses; include documentation.



**F. Other**

You, your spouse, or parent has other unusual circumstances not listed above.

**Required documentation:**

- o Explain the circumstances in detail, including the impact on your ability to pay for your educational expenses
- o Attach supporting documentation of the circumstances

**Section B: Estimated Income Worksheet**

The following sections require you to provide **your expected income for 2018**. Please provide figures for the **entire year**; do not report hourly or monthly wages or income. Include **all** income received from January 1, 2018 until now, and estimate amounts to be received from now until December 31, 2018 if this form is being submitted prior to January 1, 2019.

**Do not leave any line blank. List the yearly amount you expect to receive in 2018. If no income is expected to be received from the specific source listed, you MUST write "\$0".**

<b>Estimated 2018 Income Worksheet</b>	<b>PARENT 1 [dependent students]</b>	<b>PARENT 2 [dependent students]</b>	<b>Student</b>	<b>Spouse [independent student]</b>
Gross earnings received from work				
Taxable interest/dividend income				
Taxable pensions/annuities				
Unemployment compensation				
Severance Pay				
Alimony/Spousal Support				
Taxable Social Security benefits				
Other taxed income [i.e. business, rental]				
<b>Total taxable income</b>				
Tax exempt interest/dividend income				
Workers' compensation				
Untaxed Social Security benefits				
Child support received				
Contributions to tax-deferred IRA/pension/savings plan				
Other untaxed income from:				
<b>Total non-taxable income</b>				

**Certification and Signature(s):**

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Each person signing this form certifies that all the information reported on it is complete and correct. The student, and at least one parent (if student is dependent), must sign and date this form. A signature of the student's spouse (if student is married) is optional.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Spouse Signature (if applicable)

\_\_\_\_\_  
Date

Please submit this completed form to:

Financial Aid Office  
Massasoit Community College  
One Massasoit Blvd.  
Brockton, MA 02302  
Email: [FAO@massasoit.mass.edu](mailto:FAO@massasoit.mass.edu)