



Fulton-Montgomery  
Community College

## SPECIAL CIRCUMSTANCES APPEAL FORM 2019-2020

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

As a result of extenuating circumstances, a family’s current financial situation may not be reflected on the Free Application for Federal Student Aid (FAFSA). FM will make adjustments to information submitted on the FAFSA form on a student-by-student basis if a determination is made that adjustments are warranted. Receipt of this form does not guarantee a change in financial aid eligibility. Please be advised that this form pertains only to federal financial aid; it cannot be used to make a determination about changes to state aid (e.g. TAP, APTS, ADA) eligibility.

Once a completed request is reviewed, it may result in either 1) a reduction in the base year income and/or assets, 2) the use of projected income for the current calendar year, or 3) an increase in Cost of Attendance (COA) for the current academic year.

In some cases, an adjustment may not increase the student’s eligibility for gift aid (grants and scholarships that do not need to be repaid). In fact, the adjustment may only increase a student’s or parent’s eligibility for loans, change in non-need based loans to need-based loans, or may not result in any increased aid.

### **SECTION I: REASON FOR SPECIAL CIRCUMSTANCES**

Please check all that apply and follow the instructions. All requests should include a signed, written statement explaining the situation along with the requested documentation.

- Loss of Wages or Employment – Involuntary** loss of employment for student/spouse or parent.  
Document with the following information:
  - o Letter from employer stating termination date AND 2018 earnings
  - o Last pay stub from former position
  - o Statement of any unemployment and/or severance benefits received and/or expected
  - o If parents are married, the most recent pay stub of other parent is also required
  - o If a new position has been acquired at a lower pay/salary, most recent pay stub showing new salary
  - o Complete Sections II, III, IV and V
  - o *Please note, a loss of overtime earnings or bonus income cannot be considered*
  
- Loss of Untaxed Income or Benefit** - You/your spouse or parent has lost some type of untaxed income benefit such as: Social Security, Child Support, Disability or Welfare Benefits. Document the change with the following information:
  - o Letter or statement from the agency who is ending the benefit and actual amount received in 2018.
  - o Complete Sections II, III, IV and V

- **Divorce or Separation** – Since filing the FAFSA, you or your parent has become divorced or separated. Document the change with the following information:
  - Copy of Divorce Decree or Separation Paperwork
  - Proof of separate addresses for both parties (i.e. utility bill, lease agreement, etc). Must be a physical address, not a P.O. Box.
  - Provide a statement about child support and/or alimony expected to be paid or received and to whom
  - Complete Sections II, III, and IV
  
- **Death of Parent or Spouse** – Since filing the FAFSA, a parent or spouse has passed away. Document the change with the following information:
  - Copy of Death Certificate
  - If known, any income (social security benefits, pension, and retirement monies) that was or will be received resulting from this event.
  - Complete Sections II, III, IV and V
  
- **Permanent Disability of a Parent or Spouse** – Since filing the FAFSA, a parent or spouse has become permanently disabled. Provide the following information as documentation:
  - Documentation of disability and resulting permanent inability to work from attending physician.
  - If known, any income that will be received due to the disability (workers compensation, social security disability, etc)
  - Complete Sections II, III, and IV
  
- **One-time Income** – In 2017, your income was inflated by a one-time occurrence such as a capital gain, pension/IRA distribution, retroactive pay, etc. Provide the following information as proof:
  - In Section II, attach a detailed explanation of the one-time income.
  - Provide documentation or a signed statement indicating the one-time income will not be repeated
  - Provide statements from the source of the one-time income showing total dollar figure received in 2017.
  - Copy of 2017 Federal Tax Transcript
  - Complete Sections II, III, IV and V
  
- **Unusually High Medical and/or Dental Expenses** – You or your parents have incurred uninsured medical or dental expenses in 2017 that exceeded 11% of your Adjusted Gross Income (AGI). Document the change with the following information:
  - Copies of paid receipts or cancelled checks (**NOT BILLS**) showing amounts you paid.
  - Statements or documentation that these bills have not been and will not be covered by insurance.
  - Complete Sections II, III, IV and V
  
- **Child and Dependent Care Expenses** – You or your parents have incurred expenses for a child or parent directly in your care. Provide the following information as proof:
  - In Section II, include a detailed explanation of the total expenses incurred for 2017 and 2018.
  - Submit IRS form 2441 or cancelled checks as proof of expense for 2017 and 2018.
  - Complete Sections II, III, and IV
  
- **Private Elementary or Secondary School tuition** – You or your parents have incurred costs related to school tuition for a child or sibling. **Day care, preschool and private college costs are not considered expenses under this category.** Provide the following information as proof:
  - Copies of billing statements for 2017 and 2018 showing the net cost (minus scholarships)

**SECTION II: EXPLANATION OF SPECIAL CIRCUMSTANCES** (This section must be completed)

Please attach a separate letter that includes details describing the basis for your appeal request. Be sure to include all relevant information (i.e. dates circumstances occurred, your best estimates to costs and figures being asked of you) and any other information you feel would allow you to explain the circumstances fully. Please provide any additional supporting documentation, even if it was not specifically asked for on this form, if you feel it would strengthen your appeal.

**SECTION III: 2017 FEDERAL TAX INFORMATION** (This section must be completed)

In addition to completing this appeal form, you must also submit a copy of your finalized 2017 Federal Tax Return Transcript, including W-2 statements and all schedules, for both parent and student. If a parent and/or student were not required to file a 2017 Federal Tax Transcript or have already submitted them, please check the appropriate box(s) below:

- Federal Tax Transcripts are attached for parent(s)
- Federal Tax Transcripts are attached for student and/or spouse
- Federal Tax Transcripts were already submitted to the Financial Aid Office
- Federal Tax Transcripts will not be submitted due to the following reason(s) noted below
  - o The student was not required to file a 2017 tax return
  - o The mother/stepmother was not required to file a 2017 tax return
  - o The father/stepfather was not required to file a 2017 tax return

**SECTION IV: CERTIFICATION** (This section must be completed)

**By signing below, I certify that I have read all enclosed information and understand the following:**

1. All documentation has been provided. **The Special Circumstances Appeal will not be reviewed if incomplete.**
2. The Financial Aid Office will review this appeal and contact the student of a decision either by phone, mail or in the form of a new Award Letter.
3. If I have any questions, regarding my appeal, I will contact the Financial Aid Office.
4. The Financial Aid Office may request additional information prior to making a decision regarding my request.
5. The appeal process is on a student by student basis and takes time for review. I will receive notification of a decision 2-3 weeks after receipt by the Financial Aid Office.
6. That submission of an appeal does not prevent the accrual of late fees on unpaid balances.
7. All decisions are final and at the discretion of the Financial Aid Staff of FM.

**I certify that the information provided on this form and accompanying documentation is true and correct to the best of my knowledge and belief.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**SECTION V: 2018 ESTIMATED INCOME** (please complete only if instructed to do so in Section A)

Awards for the 2019-2020 academic year are based on the 2017 income information. If your household resources for 2018 will be significantly different than in 2017, financial aid eligibility may be reevaluated using your estimates. Any adjustment to your award on this basis may be tentative, until all documentation of actual 2017 income has been received. Estimates provided herein should be as accurate as possible in order to avoid later adjustments to your aid package. ENTER "O" or "N/A" WHERE APPROPRIATE-DO NOT LEAVE ANY ITEM BLANK.

This Special Conditions Consideration request affects the income of: \_\_\_\_\_ Parent \_\_\_\_\_ Student

ESTIMATED 2018 INCOME	MOTHER/ STEPMOTHER	FATHER/ STEPFATHER	STUDENT	SPOUSE
<b>Taxable income:</b>	*****	*****	*****	*****
<b>Wages, Salaries, Tips (Actual) January 1, 2018 to December 31, 2018</b>	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Business/Farm Income (Loss)	\$	\$	\$	\$
IRA Distributions	\$	\$	\$	\$
Total Pension(s) or Annuities	\$	\$	\$	\$
Other Taxable Income (Alimony, Capital Gains, etc.) List Source:	\$	\$	\$	\$
<b>Non-Taxed Income:</b>	*****	*****	*****	*****
Veterans Non-Education Benefits	\$	\$	\$	\$
Disability/Worker's Compensation	\$	\$	\$	\$
Child Support Received in 2018	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
AFDC/ADC Other Welfare Benefits	\$	\$	\$	\$
Untaxed Portions of Pensions/ Annuities (Exclude Rollovers)	\$	\$	\$	\$
Untaxed Portions of IRA Distributions (Exclude Rollovers)	\$	\$	\$	\$
Living Allowances for Military, Clergy, and Others	\$	\$	\$	\$
Other Non-Taxable Income List Source:	\$	\$	\$	\$

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR MEDICAL/DENTAL EXPENSES PAID IN 2017

Medical/Dental Expenses in 2017	\$	\$	\$	\$
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COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR A ONE-TIME (LUMP SUM) PAYMENT RECEIVED IN 2017

Amount of One-Time Payment	\$	\$	\$	\$
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