Office of Student Financial Aid Ph. 515-964-6282

DMACC
DES MOINES AREA
COMMUNITY COLLEGE
Life's Calling"

Fax: 515-965-7124

Request for Special Consideration 2019-2020

STUDENT AND/OR SPOUSE

Please Note: You must file a 2019-2020 Free Application for Federal Student Aid (FAFSA) and receive a financial aid award offer before submitting this form.

STUDENT'S NAME:	DMACC ID_			
ADDRESS:	CITY:	STATE:	ZIP:	

The Request for Special Consideration form is used if you and/or your spouse have special circumstances, which have resulted in a reduction in resources for <u>calendar year 2018</u> and will affect your ability to contribute toward your educational expenses.

The office will only consider reductions in income for special circumstances. It is DMACC policy **not to consider** a reduction in income for the following:

- O Voluntarily leaving employment or reducing hours.
- O Tuition paid for elementary/secondary private school.
- O Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage or school loan payments, car payments, legal expenses, other miscellaneous consumer item expenses).
- One year bonus incomes such as lottery or gambling winnings.
- S Reductions in overtime pay (this will be reflected on the following year's aid applications).
- Medical expenses other than those claimed as a deduction on your 2017 or 2018 federal tax returns.

If the reason you are requesting a Special Consideration review is listed above, do not complete this form. If you are requesting a review due to change in income that occurred during 2019, do not complete this form. Involuntary reductions in income that occur in 2019 may be considered under and Special Consideration for students completing the 2020-2021 FAFSA.

To determine if any adjustments can be made to your financial aid file, please explain your special condition on the back of this form. For your convenience, we have provided examples of common special conditions.

- ✓ You and/or your spouse has lost employment because of termination, layoff, disability, retirement, company closing, plant shutdown. You must provide documentation of your last date of employment if you or your spouse were involuntarily removed from your position at work.
- ✓ You and/or your spouse has been subject to an involuntary reduction in hours at work (examples include being moved from full-time to part-time employment due to job downsizing. Loss of overtime hours will not be considered).
- ✓ You and/or your spouse has lost some type of untaxed income or benefits that was reported on your 2019-2020 FAFSA. Untaxed income includes worker's compensation, child support, pensions and annuities, and taxable social security benefits.
- ✓ Since you completed the 2019-2020 FAFSA, you have divorced or separated from your spouse. If you have divorced or separated **you must provide documentation with the date of separation/divorce.**
- ✓ Your spouse is now deceased, but his/her information was reported on the FAFSA. If your spouse is deceased, **you must provide documentation with the date deceased**.
- ✓ You/your spouse incurred excessive medical expenses in 2017 due to the illness of a family member. These expenses must be documented on your 2017 federal income tax return Schedule A.

circumstance, please remember that sometimes it's important addition to what occurred. For example, if you are no longer your hours were reduced at work, explain why:	nt to outline why a circumstance occurred in
your nours were reduced at work, explain why.	
Please provide documentation of your income for the enti- completed your 2018 Federal Tax Return, please provide extension, please provide a copy of your extension, all 201 benefits received in 2018. If you are self-employed, you c 2018 in lieu of a W-2.	e a signed copy. If you have filed an 18 W-2's, and documentation of any other
The documentation listed below is <u>required</u> in order to cons Aid Office may require additional documentation/informatio submit documentation or leave sections of this form blank, the	on beyond the examples below. If you do not
Required documentation (if applicable to your circumsta	nnce):
 Signed Copy of 2018 Federal Tax Return 	
• 2017 or 2018 Schedule A (for medical expenses)	
• Letter from employer or doctor	
Copy of claimants unemployment recordNotice of benefits determination (i.e. severand)	ce)
• Copy of disability award	
• W-2 forms	
 Military Separation Documents (DD-214) 	
Student's Signature	Date