

Request for Special Consideration 2016-2017

DEPENDENT

Please Note: You must file a 2016-2017 Free Application for Federal Student Aid (FAFSA) and receive a financial aid award offer before submitting this form.

STUDENT'S NAME: _____ DMACC ID _____

The Request for Special Consideration form is used if you and/or your parent have special circumstances, which have resulted in a reduction in resources for calendar year 2016 and will affect your ability to contribute toward your educational expenses.

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

- Voluntarily leaving employment or reducing hours.
- Tuition paid for elementary/secondary private school.
- 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.
- 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 2015 federal tax returns.

If the reason you are requesting a review is listed above, do not complete this form. To determine if any adjustments can be made to your financial aid file, please explain your special condition below. For your convenience, we have provided examples of common special conditions.

- ✓ You and/or your parent(s) 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 parent were involuntarily removed from your position at work.
- ✓ Since you completed the 2016-17 FAFSA, you and/or your parent has lost some type of untaxed income or benefits. Untaxed income includes worker's compensation, child support, pensions and annuities, social security benefits.
- ✓ Since you completed the 2016-17 FAFSA, your parents have divorced or separated. If your parents have divorced or separated **you must provide documentation with the date of separation/divorce.**
- ✓ Your parent is now deceased, but his/her information was reported on the FAFSA. If your parent is deceased, **you must provide documentation with the date deceased.**
- ✓ You/your parent have incurred excessive medical expenses in 2015 due to the illness of a family member. **These expenses must be documented on your 2015 federal income tax return Schedule A.**

Please explain your special condition:

INCOME FOR JANUARY 1, 2016 TO DECEMBER 31, 2016

Please provide anticipated income for the entire calendar year 2016. **Do not put hourly wage rates but instead calculate what will be earned for the year.**

1. List the **actual** income or benefit amount that was received from January 1, 2016, until now in the first column.
2. **Estimate** the amounts to be received from now until December 31, 2016, in the second column.
3. Total the first and second columns.

DO NOT LEAVE ANY BLANKS. PLEASE ENTER ZERO IF THE AMOUNT IS ZERO.

Student/Parent Information for Dependent Students	ACTUAL 1-1-16 to Today Date ___/___/___	ESTIMATED Today to 12-31-16 Date ___/___/___	TOTAL (ACTUAL + ESTIMATED COLUMNS)	For Office Use Only:
Student's income from work	\$	\$	\$	New Student Income: _____
Parent's income from work	\$	\$	\$	
Taxable interest income	\$	\$	\$	New Parent Income: _____
Taxable Earning from Federal Work Study	\$	\$	\$	
Taxable Combat Pay or Special Combat Pay	\$	\$	\$	New AGI: _____
Child support received	\$	\$	\$	
Tax exempt interest income	\$	\$	\$	New Taxes paid: _____
Untaxed or taxed IRA distributions, pensions and annuities	\$	\$	\$	
Housing and food allowances (military, clergy, and others)	\$	\$	\$	Exemptions: _____
Veterans non-education benefits	\$	\$	\$	
Worker's compensation	\$	\$	\$	New Number in Household: _____
Untaxed disability other than Social Security (do not include SSI)	\$	\$	\$	
Unemployment income	\$	\$	\$	
Money paid on your behalf	\$	\$	\$	
Other _____	\$	\$	\$	

DO NOT LEAVE ANY BLANKS. PLEASE ENTER ZERO IF THE AMOUNT IS ZERO.

The documentation listed below is required to consider a special condition. The Financial Aid Office may require additional documentation/information beyond the examples below. If you do not submit documentation or leave sections of this form blank, the form will be returned as incomplete.

Required documentation (if applicable to your circumstance):

- Copy of most recent paystub (or final paystub).
- Letter from employer or doctor
- Copy of claimants unemployment record
- Notice of benefits determination (i.e. severance)
- Copy of disability award
- 2015 Federal Tax Return with Schedule A and W-2 forms

Student's Signature _____ Date _____

Parent's Signature _____ Date _____