

Mesabi Range Community and Technical College

1001 Chestnut Street West

Virginia, MN 55792

www.mr.mnscu.edu

218-749-7755

Special Circumstances Form

Date: _____

Name: _____ SSN: _____

Phone#: _____ E-mail: _____

Do not submit this form unless you have already filed a Free Application of Federal Student Aid (FAFSA) for this school year and received a copy of your results. Financial need is normally based on each student's or family's gross annual income for the previous tax year. If your income has recently decreased or you have special financial problems that were not taken into account on your FAFSA, we may be able to reevaluate your financial need based on your projected gross income for the next tax year. For dependent students we consider student and parent incomes. For independent students, we only consider student and spouse incomes.

We will usually be able to notify you of the outcome of your request in 7-10 business days. If we are able to make adjustments, we will submit corrections to your FAFSA data. It usually takes 3 to 6 weeks to complete the correction process. If you qualify for additional aid based on your adjusted financial need, we will award the additional aid when the correction process is complete.

Ineligible Circumstances: (We cannot make adjustments for the following circumstances.)

- Car payments or car insurance
- Consumer debt (credit cards)
- Chapter 7 personal bankruptcy
- Medical insurance premiums
- Mortgages and rent
- Home equity, IRA, 403B and 401K loans
- Parents will not help pay for college
- One year bonus income such as lottery or gambling winnings, legal awards, etc.
- Reduction in overtime pay
- Unusual expenses related to personal living such as wedding expenses, legal expenses, other consumer item expenses

Instructions:

For the rest of this form, if you are an independent student, you must provide information for yourself and your spouse (if married). If you are a dependent student, you must provide information for yourself and your parent(s). If you are a dependent student, but think you should be independent, please discuss this situation with us. Some special situations justify a Dependency Appeal.

Changes in Income- Part 1:

Will your current year income be less than your previous years income? Yes No

If yes, whose income decreased? (Check all that apply)

Student Student's Spouse Student's Mother Student's Father

If income decreased, tell us why the income decreased and attach all the required documents.

Reasons (Check all that apply)

Required Documents (see below)

<input type="checkbox"/> Unemployment, reduced employment, or job change	1-9
<input type="checkbox"/> Disability (Date of Disability: _____)	1-9
<input type="checkbox"/> Retirement	1-8
<input type="checkbox"/> Separation or Divorce	1-6
<input type="checkbox"/> Death of spouse <input type="checkbox"/> Death of parent	1-6
<input type="checkbox"/> Reduced or terminated untaxed income (Social security benefits, child reports, alimony, etc.)	1-6
<input type="checkbox"/> Received non-recurring income last year (IRA or pension withdrawals, inheritance, moving allowances, etc.)	1-6
<input type="checkbox"/> Other (_____)	1-5 + all relevant documents

Required Documents: (We cannot process your request until you submit ALL required documents.)

1. Proof of situation. Examples include: unemployment benefit statement, retirement or termination notice, memo/letter from employer regarding change or reduction in employment, physician's disability statement, lawyer's statement regarding separation, court statements regarding divorce or termination of child support, social security benefit termination notice, death certificate, or obituary notice.
2. Completed Dependent or Independent verification worksheet
3. Signed copies of your (student's) current Federal tax return, W2, and 1099 statements from all employers.
4. Signed copies of your spouse's current Federal tax return, W2, and 1099 statements from all employers (if married and filed separate).
5. Signed copies of your parent's current Federal tax return, W2, and 1099 statements from all employers (if dependent).
6. Final income statements from all previous years employers.
7. Current pay stubs or earning statements from any and all current employers.
8. If employment benefits were received, statement showing total benefits received.

If you, your spouse, or parent(s) did not file taxes for the years listed, you must submit a 1722 (non-filer) statement from the IRS. To request a 1722, call the IRS at 1-800-829-1040.

Changes in Income- Part 2: You must complete this section! Call us if you have questions.

Please carefully estimate your gross income and benefits for next year:

	Student	Spouse (if married)	Parents (if dependent)*
Gross wages, Salaries, Tips & Severance pay:	\$ _____	\$ _____	\$ _____
Unemployment benefits:	\$ _____	\$ _____	\$ _____
Alimony/Support (Mandated or Voluntary):	\$ _____	\$ _____	\$ _____
Social security benefits:	\$ _____	\$ _____	\$ _____
AFDC/TANF:	\$ _____	\$ _____	\$ _____
Child support received:	\$ _____	\$ _____	\$ _____

Any other untaxed income or benefits such as worker's compensation, disability, veteran's non-education benefits; or housing, food, and other living allowances provided to members of the military, clergy, & others:

Benefit type _____	\$ _____	\$ _____	\$ _____
Benefit type _____	\$ _____	\$ _____	\$ _____

* If you or your parents are recently separated or divorced, do not include the former spouse's income or benefits.

Special Expenses:

Unusually high medical or dental expenses not covered by insurance:

Please discuss your situation with our office before you start collecting the required documents.
 We can only make adjustments for these expenses if your expenses are greater than the standard estimates assigned by the federal formula. If your expenses are greater than the standard allotment, we can add the extra expenses to your cost of attendance. We can only consider expenses that will not be covered by insurance. Please provide the following information and documentation.

1. Total medical and dental insurance costs paid by you: \$ _____
2. Total medical and dental expenses not covered by insurance: \$ _____
3. Submit documents 2-6 from page 2. If you itemized your medical expenses, submit copies of your Federal Tax Schedule A. If you didn't itemize, submit copies of receipts or billing statements for insurance costs and other medical and dental expenses.

Private School Tuition, Child Care and Elder Care Expenses:

We can only consider expenses for family members if you claimed them as dependents on your federal tax returns. Please provide the following information and documentation:

Name of family member	Age	Relationship to student	Annual child or Adult care costs	Annual grade k-12 tuition and costs	Total annual expenses

Submit documents 2-6 from page 2 and proof of actual expenses. For tuition, you must include a personal bill or statement that shows your actual costs after any financial aid or discounts.

All Students:

Please write a brief summary of your special circumstances. Please include approximate dates when changes occurred. **Also, please include the calculations you did to determine wages, salaries, & tips for 2005.**

I understand that no changes will be made until I provide all the information requested.

*Many student's requests are delayed because they do not provide all the documents requested in Part 1 and all the data requested in Part 2. Avoid weeks of delay by providing this data now.

I also understand that if I purposely give false information in connection with my application for federal aid, I may be subject to a fine up to \$10,000, imprisonment for up to 5 years, or both.

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY

Comments: _____

Date

Action
 Approved Denied

Director's Signature

Made corrections
Received corrected ISIR
Received/revised Awards