

## SPECIAL CIRCUMSTANCE REQUEST

Name: _____	MCA/SSN I.D. #: _____
Birth Date: _____	Email address: _____

You may request a review of your FAFSA if you or your family experiences one of the extreme circumstances listed below. Please note the review process takes approximately **2-3 weeks** after you submit *all* required paperwork; you will be notified of our decision by email.

**In addition to the items below, you must include the following paperwork:**

- A detailed explanation of your situation,
- A copy of all 2016 U.S. Income Tax Return documents (signed tax returns and W-2s for parents and student),
- A completed and signed 2017-2018 Verification worksheet.

### Examples of Documentation\*

### Extreme Circumstance

<p><b>Significant Loss of Income/Loss of Employment</b> Student, Parent(s), Spouse</p> <p><u>Note:</u> Requests involving self-employment, commission, tips, or other variable income will generally not be reviewed until the end of the 2016 year due to the complexity of estimating yearly income.</p> <p><u>Please read:</u> Income estimates for 2017 must be based on accurate household income. Requests may be delayed until the end of 2017 or until the affected member has obtained employment.</p>	<ul style="list-style-type: none"> <li>- Last Pay stub from previous employment <b>Date of unemployment:</b> ___ / ___ /</li> <li>- Current pay stub of affected person <b>Date of new employment:</b> ___ / ___ /</li> <li>- Most recent pay stub for spouse of affected family member</li> <li>- Proof of unemployment (letter from former employer)</li> <li>- Proof of unemployment benefits <b>Date of benefits began:</b> ___ / ___ /</li> <li>- Proof of severance package benefits</li> <li>- Proof of pension income</li> </ul>
<p><b>Death of a Parent or Spouse</b> <b>Separation/Divorce of Parent or Student</b> This event would have taken place after the 2017-2018 FAFSA has been filed.</p>	<ul style="list-style-type: none"> <li>- Death certificate or obituary notice</li> <li>- Most recent pay stub of surviving parent/spouse</li> <li>- Life insurance benefits statement</li> <li>- Final divorce decree</li> <li>- Legal complaint for divorce</li> <li>- Proof of separation (2 separate addresses)</li> <li>- Most recent pay stub from student and parent</li> </ul>
<p><b>Out-of-pocket Medical Expenses Paid</b></p> <p><u>Note:</u> These are expenses not paid by your insurance provider. These are out-of-pocket expenses that have already been paid to the provider.</p>	<ul style="list-style-type: none"> <li>- Copies of Explanations of Benefits (EOB)</li> <li>- Proof of payment (check stubs, receipts, etc.)</li> <li>- Proof of disability income for disable person</li> <li>- Schedule A from 2016 Income Tax Return</li> </ul>
<p><b>Loss of Child Support Income</b> <b>Loss of Social Security Income</b></p>	<ul style="list-style-type: none"> <li>- Proof and amount of court-ordered child support</li> <li>- Benefits statement (SSA - 1099M)</li> <li>- Form SSA - 1387 or 1372 showing loss of income</li> </ul>

**\*Please provide all documentation that applies to you and your situation.**

OFFICE OF FINANCIAL AID

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Student's Name: \_\_\_\_\_

## Estimate of 2017 Income

**Please note:** Complete the following charts listing all income from January 2017 to December 2017. You must accurately complete the following charts before your request will be reviewed.

Estimated 2017 Taxable Income	Father	Mother	Student	Spouse
Yearly wages, salaries, and tips				
Yearly severance pay				
Yearly pensions and annuities				
Yearly business & farm income				
Yearly capital gains				
Yearly rents from rental property				
Yearly alimony				
Yearly unemployment benefits				
Yearly other taxable income				
<b>Total 2017 Taxable Income</b>				

Estimated 2017 Untaxed Income	Father	Mother	Student	Spouse
Yearly payments to retirement plans				
Yearly child support for all children				
Yearly payments to pension/savings				
Yearly work-study earnings				
Yearly retirement income				
Yearly works compensation				
Yearly living & housing allowance for clergy, military, etc. (Includes BAS/BAQ cash allotments)				
Yearly financial support paid on the student's behalf				
Yearly other untaxed income				
<b>Total 2017 Untaxed Income</b>				

**CERTIFICATION**

*Signature of both student and parent (if dependent) is required. I certify that the above information is correct. If I purposely give false or misleading information, this is grounds to have this request denied and further action may take place.*

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_