

Phone: (623) 935-8888
 FAX: (623)935-8871
 Email: finaid@estrellamountain.edu

Financial Aid Office

**REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES
 2019/20 ACADEMIC YEAR**

Student Name: _____ SSN: XXX-XX- _____ Student ID: _____

1. Explanation of Special Circumstances (must be completed):

This is to request reprocessing of my 2019/20 Federal Financial Aid due to Extenuating Circumstances. The reason behind the change in my/my family's income is: **(Please include start and end dates)** _____

Complete the number(s) that apply to your Special Circumstance. Students considered Dependent on the FAFSA must complete Parent and Student sections. Students considered Independent on the FAFSA must complete Student/Spouse sections. Note: All required sections must be completed with actual or estimated information.

2. Unreimbursed medical expenses and/or elementary, junior high, or high school tuition:

- _____ I/my spouse/parent (circle one) incurred unreimbursed medical expenses in 2017/2019 (circle one) in the amount of \$ _____ .
 (If using 2017 expenses, go to #5, if using 2019 expenses, go to #3.)
- _____ I/my spouse/parent (circle one) incurred unreimbursed elementary, junior high, or high school tuition expenses in 2017/2019 (circle one) in the amount of \$ _____ . (If using 2017 expenses, go to #5, if using 2019 expenses, go to #3.)

3. Estimated Income Earned from Work for 2019 (January 1, 2019 through December 31, 2019)

Along with this completed form **YOU MUST SUBMIT DOCUMENTATION** (all pay-stubs, W-2's, award letter(s), earning statement(s), etc) to support the amounts/information reported.

STUDENT: Are You Still Working? YES or NO

✓ TYPES OF INCOME	Start Date	End Date	Total Gross (before taxes) Amount To Date
<input type="checkbox"/> Wages, salaries, tips (any income from work)	/ /2019	/ /2019	\$
<input type="checkbox"/> Alimony	/ /2019	/ /2019	\$
<input type="checkbox"/> Unemployment	/ /2019	/ /2019	\$
<input type="checkbox"/> Taxable Disability benefits	/ /2019	/ /2019	\$
<input type="checkbox"/> Pensions, 401K, Retirement Benefits	/ /2019	/ /2019	\$
<input type="checkbox"/> Child support received (don't include foster care or adoption payments.	/ /2019	/ /2019	\$
<input type="checkbox"/> Other taxable income: _____	/ /2019	/ /2019	\$
<input type="checkbox"/> Other untaxed income: _____	/ /2019	/ /2019	\$

SPOUSE: Are You Still Working? YES or NO

✓ TYPES OF INCOME	Start Date	End Date	Total Gross (before taxes) Amount To Date
<input type="checkbox"/> Wages, salaries, tips (any income from work)	/ /2019	/ /2019	\$
<input type="checkbox"/> Alimony	/ /2019	/ /2019	\$
<input type="checkbox"/> Unemployment	/ /2019	/ /2019	\$
<input type="checkbox"/> Taxable Disability benefits	/ /2019	/ /2019	\$
<input type="checkbox"/> Pensions, 401K, Retirement Benefits	/ /2019	/ /2019	\$
<input type="checkbox"/> Child support received (don't include foster care or adoption payments.	/ /2019	/ /2019	\$
<input type="checkbox"/> Other taxable income: _____	/ /2019	/ /2019	\$
<input type="checkbox"/> Other untaxed income: _____	/ /2019	/ /2019	\$

PARENTS: Are You Still Working? YES or NO

✓ TYPES OF INCOME	Parents:	Start Date	End Date	Total Gross (before taxes) Amount to Date
<input type="checkbox"/> Wages, salaries, tips (any income from work)	Mother	/ /2019	/ /2019	\$
	Father	/ /2019	/ /2019	\$
<input type="checkbox"/> Alimony	Mother	/ /2019	/ /2019	\$
	Father	/ /2019	/ /2019	\$
<input type="checkbox"/> Unemployment	Mother	/ /2019	/ /2019	\$
	Father	/ /2019	/ /2019	\$
<input type="checkbox"/> Taxable Disability benefits	Mother	/ /2019	/ /2019	\$
	Father	/ /2019	/ /2019	\$
<input type="checkbox"/> Pensions, 401K, Retirement Benefits	Mother	/ /2019	/ /2019	\$
	Father	/ /2019	/ /2019	\$
<input type="checkbox"/> Child support received (don't include foster care or adoption payments.	Mother	/ /2019	/ /2019	\$
	Father	/ /2019	/ /2019	\$
<input type="checkbox"/> Other taxable income: _____	Mother	/ /2019	/ /2019	\$
	Father	/ /2019	/ /2019	\$
<input type="checkbox"/> Other untaxed income: _____	Mother	/ /2019	/ /2019	\$
	Father	/ /2019	/ /2019	\$

4. Additional Financial Information 2019 (January 1, 2019 through December 31, 2019)

	STUDENT/SPOUSE	PARENTS
Child Support paid	\$	\$
Federal Work Study earnings	\$	\$

5. If my income projection is too low; or if there are any changes which would affect this request for Special Circumstances or my eligibility for federal aid, I will notify EMCC's Financial Aid Office immediately, and I realize that a reduction in my federal aid may be necessary in the event I receive additional income from any source.

I believe the totals provided above completely and accurately project my/my family's 2019 circumstances. This information is provided by me, and is true, accurate, and complete to the best of my knowledge. I understand that it is against the law to purposely give false or misleading information in order to receive federal student aid.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

You may request a **Review of Special Circumstances** if you believe that your/your family's 2017 income is no longer a fair representation of your situation. Some reasons for requesting a Special Circumstances are: decrease in income, you paid (or expect to pay) tuition for elementary, junior high, or high school in 2017 or 2019, or you paid (or expect to pay) unusually high medical and/or dental expenses not covered by insurance in 2017 or 2019.

Submit your **Request for Review of Special Circumstances**, along with all required documentation, to the Financial Aid Office for review. As an accurate estimation of your 2019 income must be ascertained, your request for review may be delayed if information or documentation is incomplete, or if there are inconsistencies that must be clarified. To avoid any delays, submit information/documentation about income you/your family have received and/or will be receiving in 2019.

NOTE: Your request cannot be considered until we have all required documentation on file.

The following is a guide to the completing the required documentation:

1. EMCC's Financial Aid Office must receive a processed 2019/20 Free Application for Federal Student Aid (FAFSA).
2. Complete the **Request for Review of Special Circumstances** form (on reverse side).
 - o Your statement must provide an explanation of how your/your family's financial situation in 2019 has changed for the worse from information provided for 2017. This statement must include the dates the change(s) occurred (i.e., date of termination of employment or untaxed income, date of
3. **If prior to November 15, 2019, you must submit the following documents:**
 - Submit last and/or most recent pay stub(s) showing Year-To-Date earnings from ALL employers in 2019. If you are married, include pay stubs for your spouse. If you are a dependent student, you must include your and your parents' pay stubs.
 - Verification of any other taxable income. Examples include (but are not limited to):

<ul style="list-style-type: none">o Interest and dividend incomeo Alimony receivedo Unemployment Compensationo Rental, royalty, partnership, S Corporation, or trust income	<ul style="list-style-type: none">o Business income or losso Farm income or losso IRA distributionso Pension (retirement) or annuity distributions
--	---

If after November 15, 2019:

- Submit pay stubs only if you will not, and are not required, to file a Federal Income Tax Return for 2019. If you will, or are required to file, you must first complete your 2019 tax return and submit a signed copy to our office.
4. Submit verification of any untaxed income you have, or expect to receive, in 2019. Examples include (but are not limited to):

<ul style="list-style-type: none">o Social Security Benefitso AFDC, TANF, or General Assistanceo Child Support Receivedo Deferred Compensationo Worker's Compensation	<ul style="list-style-type: none">o Untaxed portions of 401(d) & 403(b) plans, IRA's, pensions and annuitieso VA non-educational benefitso Housing, food, or other living allowances paid to members of the military, clergy, and others
---	--
 5. You must submit any relevant documentation that will verify your current situation (other forms of documentation required may include divorce decree, death certificate, physician's statement, medical receipts, or any other documentation that may be used to describe a student's own unique set of circumstances).

You will be notified if additional documentation or clarification is needed. If your request is approved, necessary corrections will be made electronically, and you will be notified of the results.

In the event you receive income from any other sources in addition to those computed in your projections, or your projections are too low, or if there are any changes that would affect your eligibility for financial aid, you must notify EMCC's Financial Aid Office immediately.

It is our policy **not to consider** a reduction in income for Families with reductions in income approved through the Special Conditions process in 2019-2020 who significantly underestimated 2019 income.

**The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration

for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District. The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>. **