

2021-2022 Request for Review of Special Circumstances

Student Name _____ Student ID# _____

You may request a Review of Special Circumstances if you believe that you or your family's 2019 income is no longer a fair representation of your situation, and at least 4 weeks has elapsed since your situation/condition changed. All students **MUST** meet with a financial aid specialist to complete the process. Make an appointment by emailing: finaid@gatewaycc.edu.

Submission Dates: Special Circumstances reviews will be conducted only between the following dates:

Fall 2021 – July 1, 2021 through the last Friday of November 2021.

Spring 2022 – Dec 1, 2021 to April 22, 2022. During this period, in addition to the required documents, you must submit a signed 2021 federal tax return (1040, 1040A, 1040EZ) or tax return transcripts (or all 2021 W-2s if not required to file taxes).

Summer 2022 – April 25, 2022 to June 10, 2022 (note that same documentation is required as Spring 2022 submissions).

Special circumstance forms will not be accepted outside of the dates indicated above. Additionally, we must have this request (with all required documents, and the valid electronic FAFSA information by the last day of your enrollment period in order to determine your eligibility.

Please Note the Following:

Upon completion of your Special Circumstances review, your updated FAFSA may be selected for verification. The verification process may require the submission of additional forms and/or documents.

Instructions

- Please type or print clearly.
- **All** items on this form must be completed. **This form will not be processed if any items are left blank or illegible.**
- Attach all required and supporting documentation to this form.
- If clarification of your situation is necessary, additional information or documentation may be required.

Changes resulting from this review **do not** guarantee an increase in your aid since a loss of income may have little or no effect on your financial aid eligibility. If you have significantly underestimated your income on a prior year's review, your request for this year will have to wait until the end of the 2021 calendar year when total earnings for 2021 year can be provided.

PART I – REASON FOR REQUEST

Please check the reason(s) for this review and provide the supporting documentation to the Financial Aid Office. Notification of the committee's decision will be sent to your Maricopa.edu email within 10 business days, depending on the volume of requests. **ALL COMMITTEE DECISIONS ARE FINAL.** We can only do special conditions for the reasons listed below:

Reduction of Income or Benefits (Includes dislocated workers and displaced homemakers). Only significant income reductions may affect the aid offered.

- ATTACH copies of the last two (2) and/or most recent pay stub(s) showing year-to-date earnings from ALL employers in 2021. If you are married include paystubs for your spouse. If you are a considered a dependent student, you must also include your parents' paystubs. NOTE: requests for Spring or Summer 2022 must include signed 2021 tax return or tax return transcripts (or W2 if not required to file).
- A letter from your previous employer on company letterhead indicating the separation or change in your employment status.
- Proof of unemployment benefits or proof that you are not receiving unemployment benefits, if ineligible for these benefits.
- ATTACH a detailed statement of explanation concerning your loss of income to include all of the items below:
 - Your past and current employer
 - The date your income was reduced
 - Indicate whether or not you are entitled to unemployment benefits or severance pay, and the amounts
 - If you have zero income, explain how your expenses are being paid

Parent Attending College – must be enrolled at least half-time for their program of study. Please ATTACH the following:

- Proof of enrollment from the institution they are attending
- A copy of their Program of Study from the institution they are attending

Medical / Dental Expenses You Paid in 2020 and/or 2021 that WERE NOT PAID by Insurance – Only medical/dental expenses that exceed 10% of your AGI will be counted. E.g.: 10% of a \$50,000 AGI is \$5,000. If out-of-pocket medical/dental expenses were \$6,250, \$1,250 will be counted.

- Attach **paid** medical dental receipts
- Attach explanation of medical/dental expenses

Elementary, junior high and high school tuition paid in 2021-2022 academic year. ATTACH the following:

- Confirmation of attendance for the dependent(s) tuition was paid for
- Confirmation of the amount of tuition paid and who it was paid by

Divorce or Separation – ATTACH the following:

- A copy of your divorce decree or separation agreement. In lieu of a separation agreement, a notarized statement with date of separation and proof that you and your spouse live at separate residences will be acceptable (PO BOX addresses will not be accepted).
- Proof of your income
- **A detailed statement which addresses the items below:**
 - Current household members, their ages, and relationship to you
 - Assets assigned to you
 - Settlements, alimony and child support
 - Date of separation

Death of a Spouse or Parent – Please ATTACH:

- A copy of your spouse's or parent's death certificate
- A detailed statement which addresses the items below
 - Date of your spouse's, or parent's, death
 - Expected survivor benefits, including life insurance

Loss of Child Support

- Attach a copy of court documentation of your loss of child support, including date of last payment

Loss of One Time Income –One time income is income that will not be repeated the following calendar year. (E.g.: 401K or pension funds received early)

- Attach a detailed statement addressing the items below:
 - Type of income received
 - How the income was spent
 - Why the income cannot be used for education expenses

PART II – ANTICIPATED ANNUAL INCOME

For each income type, anticipate the amount you plan to receive **for the entire 2021 calendar year** (January 1, 2021 – December 31, 2021).

Income Type	Student	Spouse	Father	Mother
Gross income from work	\$	\$	\$	\$
Unemployment benefits or severance pay	\$	\$	\$	\$
Business/Farm Income received	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Net amount received from pensions or annuities withdrawals	\$	\$	\$	\$
Taxable Social Security benefits	\$	\$	\$	\$
Other taxable income	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Child Support Paid	\$	\$	\$	\$

PART III – SIGNATURE

All of the information on this form and the attachments submitted with it are true and correct to the best of my knowledge. If asked I will submit additional proof to verify the information I have provided. I understand that if I do not provide this information, my request for review of special circumstance will not be processed.

Student: _____

Date _____

Parent (Dependent students only)_____

Date _____

OFFICE USE ONLY

Revised _____ No change _____ Date _____ FA Rep. _____ AGI _____

Comments: _____
