



Special Circumstance Review

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|------------------|--------------------|-----------------|-------------------|
| Last Name | First Name | M.I. | Student ID |
| Address | City, State | Zip Code | Telephone |

Please READ this form in its entirety and check all that apply and submit required documentation for that section.

Currently, your 2023-2024 FAFSA/Dream Act Application uses your household's 2021 income to determine your financial aid eligibility. The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application (FAFSA) or state Dream Act Application based on unusual circumstances within the household.

Submit this form by mail to 1000 Hensley Creek Rd., Ukiah, CA 95482 or by scanning and email them as an encrypted attachment to financialaid@mendocino.edu. For instruction on how to encrypt documents visit <https://www.mendocino.edu/student-services/financial-aid/financial-aid-forms>. Any emailed documents received that are not encrypted are sent at the student's own risk. If you have questions about this form, please call our office at (707) 468-3110.

Loss or Reduction of Income, Untaxed Income or Benefits. Review which year has the significantly lower income to use. See options below, only select ONE option.

If 2022 income was significantly less than 2021 income reported on the FAFSA or Dream Act application.

Please include:

1. A Statement of explanation regarding the loss/reduction of income, untaxed income or benefits. If available, indicate the reason for the reduction; indicate whether the household member is entitled to unemployment benefits or severance pay, and the amounts.
2. Signed 2022 Tax return for student/spouse and parents (if applicable)
3. Complete the 2022 Untaxed Income table below.

| 2022 UNTAXED INCOME: Enter "0" if none- Do Not Leave Blank | Student's | Spouse's | Parent 1 (if dependent) | Parent 2 (if dependent) |
|--|------------------|-----------------|------------------------------------|------------------------------------|
| Payments to tax-deferred pensions/savings plans | | | | |
| Child support received | | | | |
| Living allowances for military and/or clergy. | | | | |
| Worker's compensation and/or Disability Benefits. Do not include social security | | | | |
| Veterans non-education benefits | | | | |
| Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | | | | |
| Money received or paid on your behalf (e.g. bills paid) not reported elsewhere. | | | | |
| Other untaxed income(describe): | | | | |
| Total Untaxed Income | | | | |

If 2023 income will be significantly less than 2021 income reported on the FAFSA or Dream Act application. **If submitting this form before December 31, 2023 please submit:**

1. A statement of explanation regarding the loss/reduction of income, untaxed income or benefits. Include the current or prior employer's name, address and phone number; the date when the income/benefits were reduced; if available, indicate the reason for the reduction; indicate whether the household member is entitled to unemployment benefits or severance pay, and the amounts.
2. Attach a copy of the most recent/final pay stubs for household member(s) incurring the reduction of income/benefits.
3. Complete the Estimated 2023 Year Income table below.

| Estimated 2023 Income | Student's Income | | Spouse's Income | |
|--|-------------------|-----------------------------|-------------------|-----------------------------|
| | 1/1/2023 to today | Tomorrow through 12/31/2023 | 1/1/2023 to today | Tomorrow through 12/31/2023 |
| Enter "0" if none- Do Not Leave Blank | | | | |
| Earnings from Work (attach most recent pay stub) | | | | |
| Unemployment Compensation | | | | |
| Severance Pay | | | | |
| Other (e.g.): | | | | |
| Total Taxable Income | | | | |
| <i>UNTAXED INCOME</i> | | | | |
| Payments to tax-deferred pensions/savings plans | | | | |
| Child support received | | | | |
| Living allowances for military and/or clergy | | | | |
| Worker's compensation and/or Disability Benefits. Do not include social security | | | | |
| Veterans non-education benefits | | | | |
| Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | | | | |
| Money received or paid on your behalf (e.g. bills paid) not reported elsewhere. | | | | |
| Other untaxed income(describe): | | | | |
| Total Untaxed Income | | | | |

| Estimated 2023 Income Enter "0" if none- Do Not Leave Blank | Parent 1 Income (if dependent) | | Parent 2 Income (if dependent) | |
|--|-----------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| | 1/1/2023 to today | Tomorrow through 12/31/2023 | 1/1/2023 to today | Tomorrow through 12/31/2023 |
| Earnings from Work (attach most recent pay stub) | | | | |
| Unemployment Compensation | | | | |
| Severance Pay | | | | |
| Other (e.g.): | | | | |
| Total Taxable Income | | | | |
| UNTAXED INCOME | | | | |
| Payments to tax-deferred pensions/savings plans | | | | |
| Child support received | | | | |
| Living allowances for military and/or clergy | | | | |
| Worker's compensation and/or Disability Benefits. Do not include social security | | | | |
| Veterans non-education benefits | | | | |
| Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | | | | |
| Money received or paid on your behalf (e.g. bills paid) not reported elsewhere. | | | | |
| Other untaxed income(describe): | | | | |
| Total Untaxed Income | | | | |

If 2023 income will be significantly less than 2021 income reported on the FAFSA or Dream Act application.

If submitting this form after December 31, 2023 please submit:

1. A statement of explanation regarding the loss/reduction of income, untaxed income or benefits. Include the current or prior employer's name, address and phone number; the date when the income/benefits were reduced; if available, indicate the reason for the reduction; indicate whether the household member is entitled to unemployment benefits or severance pay, and the amounts.
2. Signed 2023 Tax return for student/spouse and parents (if applicable)
3. Complete the Untaxed Income table below.

| 2023 UNTAXED INCOME: Enter "0" if none- Do Not Leave Blank | Student's | Student's Spouse | Parent 1 (if dependent) | Parent 2 (if dependent) |
|---|-----------|------------------|----------------------------|----------------------------|
| Payments to tax-deferred pensions/savings plans | | | | |
| Child support received | | | | |

| | | | | |
|--|--|--|--|--|
| Living allowances for military and/or clergy. | | | | |
| Worker's compensation and/or Disability Benefits. Do not include social security | | | | |
| Veterans non-education benefits | | | | |
| Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | | | | |
| Money received or paid on your behalf (e.g. bills paid) not reported elsewhere. | | | | |
| Other untaxed income(describe): | | | | |
| Total Untaxed Income | | | | |

If School Year Income (July 1, 2023- June 30, 2024) will be significantly less than 2021 income reported on the FAFSA or Dream Act.

Please include:

1. A statement of explanation regarding the loss/reduction of income, untaxed income or benefits. Include the current or prior employer's name, address and phone number; the date when the income/benefits were reduced; if available, indicate the reason for the reduction; indicate whether the household member is entitled to unemployment benefits or severance pay, and the amounts.
2. Attach a copy of the most recent/final pay stubs for household member(s) incurring the reduction of income/benefits.
3. Complete the Estimated School Year Income table below.

| Estimated School Year Income | Student's Income | | Spouse's Income | |
|--|-------------------|-----------------------------|-------------------|----------------------------|
| | 7/1/2023 to today | Tomorrow through 06/30/2024 | 7/1/2023 to today | Tomorrow through 6/30/2024 |
| Enter "0" if none- Do Not Leave Blank | | | | |
| Earnings from Work (attach most recent pay stub) | | | | |
| Unemployment Compensation | | | | |
| Severance Pay | | | | |
| Other (e.g.): | | | | |
| Total Taxable Income | | | | |
| UNTAXED INCOME | | | | |
| Payments to tax-deferred pensions/savings plans | | | | |
| Child support received | | | | |
| Living allowances for military and/or clergy | | | | |
| Worker's compensation and/or Disability Benefits. Do not include social security | | | | |
| Veterans non-education benefits | | | | |

| | | | | |
|--|--|--|--|--|
| Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | | | | |
| Money received or paid on your behalf (e.g. bills paid) not reported elsewhere. | | | | |
| Other untaxed income(describe): | | | | |
| Total Untaxed Income | | | | |

| Estimated School Year Income | Parent 1 Income (if dependent) | | Parent 2 Income (if dependent) | |
|--|-----------------------------------|--------------------------------|-----------------------------------|-------------------------------|
| | 7/1/2023 to today | Tomorrow through 06/30/2024 | 7/1/2023 to today | Tomorrow through 6/30/2024 |
| Enter “0” if none- Do Not Leave Blank | | | | |
| Earnings from Work (attach most recent pay stub) | | | | |
| Unemployment Compensation | | | | |
| Severance Pay | | | | |
| Other (e.g.): | | | | |
| Total Taxable Income | | | | |
| <i>UNTAXED INCOME</i> | | | | |
| Payments to tax-deferred pensions/savings plans | | | | |
| Child support received | | | | |
| Living allowances for military and/or clergy | | | | |
| Worker’s compensation and/or Disability Benefits. Do not include social security | | | | |
| Veterans non-education benefits | | | | |
| Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | | | | |
| Money received or paid on your behalf (e.g. bills paid) not reported elsewhere. | | | | |
| Other untaxed income(describe): | | | | |
| Total Untaxed Income | | | | |

| Death of student’s spouse (if independent) or parent (if dependent) |
|--|
| <ol style="list-style-type: none"> 1. Attach a copy of the death certificate. 2. Attach a letter of explanation regarding any expected survivor benefits, including life insurance. 3. If joint return was filed, include documentation to show separate sources of income. |

Disclosure of one-time lump sum income

- 1. Please select the appropriate reduction of income that applies to your situation from above.
- 2. Attach a letter of explanation regarding the type of income received, how income was spent, why income cannot be used for education expenses, and reason why income will not be received again.
- 3. Attach supporting documentation regarding the loss of one-time income (i.e. bank statements, paid receipts, etc.)

Loss of child support

- 1. Attach a letter of explanation regarding the loss of child support, including amounts and dates.
- 2. Attach a copy of court documentation confirming the loss of child support, including date of last payment.

Divorce or separation (Either student’s divorce if independent or parent’s divorce if dependent)

- 1. Attach a copy of the divorce decree or separation agreements. Attach a notarized statement indicating separation date if a separation agreement was not obtained.
- 2. Attach proof of income with most recent pay stubs and all 2021 tax year W-2’s for household members engaged in divorce/separation proceedings.
- 3. Attach a letter of explanation regarding all assets assigned as part of the divorce or separation and any settlements, including alimony and child support.

Significant out-of-pocket medical/dental expenses

- 1. Attach a letter of explanation regarding the out-of-pocket expenses, including relevant amounts and dates.
- 2. Attach a copy of all receipts for amounts paid out-of-pocket. Bills and statements will NOT be accepted. Only proof of payment documentation will be considered.

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Professional Judgment (PJ) selected on FAACCESS

YES

R/S: _____ Trans. _____ Date: _____

Comments: _____

Dated FAC23SCR code on CRI

FA Technician : _____ Trans.Paid : _____ Date: _____