

Mountwest Community and Technical College

Financial Aid Office

2019-2020 Special Circumstance Request

Mountwest Community and Technical College realizes families may experience unforeseen circumstances and/or expenses during an academic year. Use this form to address these unusual circumstances or expenses.

Student Name: _____ Student ID 942- _____

Email Address: _____ Telephone Number: _____

Individual(s) with circumstance(s), check as appropriate:

_____ Father/Stepfather _____ Mother/Stepmother _____ Student _____ Spouse

Special circumstance is being filed as a result of:

Check all circumstances that apply. Requests will NOT be processed without ALL required information. **Signed Verification Worksheet required for all categories.**

<p>_____ Loss of Employment (must be at least 10 weeks in Calendar Year 2018).</p>	<p>Required Information:</p> <ol style="list-style-type: none"> 1. Letter of explanation of circumstances from student/parent 2. Last date of employment / / 3. Completed Section B on the reverse side of this form 4. Signed 2018 Federal Tax Return Transcript from the IRS 5. Copy of last paycheck stub, with year-to-date earnings
<p>_____ Reduction or Loss of Income (Such as Unemployment Benefits, Workers Compensation, Child Support, Social Security Benefits, SSI, Untaxed Retirement Disability, Welfare, TANF, One Time Income, etcetera)</p>	<p>Required Information:</p> <ol style="list-style-type: none"> 1. Letter of explanation of circumstances from student/parent 2. Last date of receipt of benefit/income / / 3. Completed Section B on the reverse side of this form 4. Signed 2018 Federal Tax Return Transcript from the IRS 5. Copy of last paycheck stub, with year-to-date earnings
<p>_____ Separation/Divorce</p>	<p>Required Information:</p> <ol style="list-style-type: none"> 1. Letter of explanation of circumstances from student/parent 2. Date of separation/divorce / / 3. Completed Section B on the reserve side of this form 4. Signed 2018 Federal Tax Return Transcript from the IRS
<p>_____ Death of Wage Earner</p>	<p>Required Information:</p> <ol style="list-style-type: none"> 1. Date of death / / 2. Copy of death certificate 3. Completed Section B on the reserve side of this form 4. Signed 2018 Federal Tax Return Transcript from the IRS

Other Catastrophic Situation
(Such as medical expenses that were
not reimbursed. Actual out of pocket
payments must exceed 11% of
adjusted gross income)

Required Information:

1. Submit a detailed letter explaining the situation and provide any necessary documentation
2. Completed Section B on the reserve side of this form
3. Signed 2018 Federal Tax Return Transcript from the IRS

INSTRUCTIONS: Complete using ALL expected income from January 1, 2019 to December 31, 2020 of the person(s) with the special circumstance(s). You must submit documentation of ALL expected income. If filing this form for separation or death of a parent, use only your custodial parent's income.

2019 Taxed Income	Father	Mother	Student	Spouse
Income Earned from Work	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Business or Farm Income	\$	\$	\$	\$
Pensions & Annuities	\$	\$	\$	\$
Taxed Interest/Dividend Income	\$	\$	\$	\$
Taxed Social Security Benefits	\$	\$	\$	\$
Other Taxed Income (pensions, alimony, rentals, etc.)	\$	\$	\$	\$
Total 2019 Taxed Income	\$	\$	\$	\$

2019 Untaxed Income	Father	Mother	Student	Spouse
Child Support Received	\$	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Welfare Benefits/TANF	\$	\$	\$	\$
Untaxed Portions of Pensions	\$	\$	\$	\$
Veterans Non-Education Benefits	\$	\$	\$	\$
Tax-Deferred Pension Payments	\$	\$	\$	\$
Deductible IRA/Keogh Payments	\$	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$	\$
Foreign Income Exclusions	\$	\$	\$	\$
Living Allowance for Clergy/Members of the Military	\$	\$	\$	\$
Any Other Untaxed Income	\$	\$	\$	\$
Total 2019 Untaxed Income	\$	\$	\$	\$

By signing, I agree that the information provided is true and complete to the best of my knowledge. If requested, I agree to provide additional documentation. I further agree to notify the Mountwest Community and Technical College Financial Aid Office of any error or omission in the above information, or of any further circumstances which affect the accuracy of the provided information. I understand failure to comply with this agreement could result in forfeiture of financial aid eligibility of the student.

Student's Signature

Date

Parent or Student's Spouse's Signature

Date

Mountwest CTC • Financial Aid Office
 ● One Mountwest Way, Suite 101U, Huntington, WV 25701
 ● Telephone: (304) 710-3370

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