



Wayne County Community College District

District Office
801 W. Fort Street
Detroit, MI 48226
(313)496-2865
(313) 963-8568 fax

Financial Aid

Name _____	A00 _____
Birthdate _____	SSN _____
Phone # _____	Email _____
Address _____	City, St, ZIP _____

2009-2010 SPECIAL CIRCUMSTANCES Appeal Form

The District Financial Aid Office understands that students and their families may experience unexpected changes to their financial situation which are not reflected on the Free Application for Federal Student Aid (FAFSA). This form allows you to appeal your special circumstances which were not reported on your 2009-2010 FAFSA. **Appealing does not guarantee a favorable change in your financial aid eligibility.**

Instructions

1. File your 2009-2010 FAFSA online at www.fafsa.ed.gov
2. Complete and submit this **Special Circumstances Appeal Form**.
3. Complete and submit a 2009-2010 **Verification Worksheet**
4. Submit a signed copy of your 2008 **Federal Tax Form and/or any other untaxed income for 2008**

Incomplete appeals will result in an automatic denial.

Please provide a brief statement explaining why you are requesting this Special Circumstances Appeal and check the box below that applies to your situation. Provide all required documentation as requested.

Significant Change in Income

- Loss of income due to Layoff, Termination, or a Change in Job Status: Do not include "Buyout"**
 - Letter from employer documenting separation from employment or reduction in hours
 - Notice of Unemployment Benefits (Copy of Monetary Determination Form)
 - Submit year-to-date documentation of 2009 income (i.e. last pay stub, social security benefits).
 - Submit documentation of severance pay.

- Loss of income due to Marital Separation or Divorce: Date of Separation/Divorce _____ 200__**
 - Documentation of separation (a letter from attorney or documentation of separate residences)
 - Copy of Divorce Decree
 - A copy of your 2008 W-2

- Loss of Benefits or Non-recurring Income** (Severance pay, one time lump sum payment, child support, untaxed income, unemployment, worker compensation, etc)
 - Submit letter of reduction or termination indicating date of loss or reduction.
 - Submit documentation of expected 2009 benefits.
 - For non-recurring or one time income from 2008 submit documentation indicating type and amount of income (IRA distribution, pension distribution, inheritance, etc.).

Loss of income due to Death of Parent or Spouse: Date of death _____ Check year 2008 2009

- Submit a copy of death certificate
- A copy of surviving parent or spouse's 2008 W-2

Projected Income Chart
January 1, 2009-December 31, 2009

Source of Income	Father	Mother	Student	Spouse
Gross wages, salaries, severance pay, tips	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Interest/dividend income, rental income, and any other taxable income. Please indicate the source _____	\$	\$	\$	\$
Total 2009 Taxed Income	\$	\$	\$	\$
Social Security benefits received by all members of the household as listed on FAFSA	\$	\$	\$	\$
Child support received by all members of the household as listed on FAFSA	\$	\$	\$	\$
FIA benefits	\$	\$	\$	\$
Other untaxed income. Please indicate the source _____	\$	\$	\$	\$
Total 2009 Untaxed Income	\$	\$	\$	\$

Medical Expenses

Medical or Dental Expenses not covered by Insurance

- Expenses must be over 11% of Adjusted Gross Income (AGI) to meet the minimum threshold for consideration. Eligible expenses also include non-reimbursed dental and health care premiums.
- Submit 2008 Federal 1040 Schedule A.
- If the taxpayer did not file a Schedule A, submit a listing of paid and non-reimbursed expense with supporting documentation.

Other

Please attach a detailed explanation and substantiating documentation.

To the best of my knowledge, I certify that the information submitted to the District Financial Aid Office at Wayne County Community College District is complete and accurate.

Student Signature _____ Date _____

Parent Signature _____ Date _____

For Office Use Only

Decision: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Processed by:	Old EFC _____ New EFC _____
Comments on Decision:	All Required Documents Received: Yes <input type="checkbox"/> No <input type="checkbox"/> Missing documents _____	RNANA10 updated <input type="checkbox"/>