

Batch# _____ Counselor's Initials _____ Date _____ Student 9-Digit # _____

2020-2021

Dependent Student's Special Circumstances Appeal Form (for completion by student and parents)

Student's Name _____ **Student's 9-Digit ID #** _____
Address _____ **City** _____ **State** _____ **Zip** _____

According to federal laws and regulations, your/your parent's 2018 income is used to assess financial need for the 2019-2020 school year. If you/your parent's income is lower due to special circumstances, and if such circumstances pose a significant hardship and can be documented, a financial aid administrator may be able to use your 2018 income to assess financial need.

Please check the circumstances that are applicable to your situation and provide information regarding your reduction in income, and complete items A, B, C, and D. Your special circumstances request will not be considered, unless you provide the adequate and appropriate documentation that is required to support the reasons you indicated below. Filing an appeal is not a guarantee of additional aid. However, the Office of Student Financial Aid will review all requests for special consideration, and will notify you of the results.

Please indicate the reason for you or your parent's change in income. Check all that apply and attach the required documentation.

Loss of income from work. Period of unemployment from _____ until _____.

I swear under penalty of law that as of today's date _____, I am still unemployed.

The student and /or parents **MUST PROVIDE ALL** of the following documents to support the special circumstance that you checked below:

1. ☐ A copy of the separation notice from the (student's and /or parent's) employer on the employer's letterhead.
2. ☐ A copy of the last paycheck stub for the student and /or parent.
3. ☐ Verification of unemployment benefits and all income (taxable and non-taxable) you received in 2018.
4. ☐ Copy of IRS Tax Return Transcript and w2's.
5. ☐ Complete, front and back, the attached Verification Worksheet.
6. ☐ Other _____

REASON FOR APPEAL

_____ Death of an immediate family member
(Attach a Death Certificate.)

_____ Layoff
(Provide a letter from employer on letterhead stating effective date of layoff and anticipated return.)

_____ Termination
(Provide a letter from employer or local unemployment office on letterhead stating the effective date.)

_____ Plant Closing
(Provide a letter from employer on letterhead stating the effective date.)

_____ Disability - Date of disability _____.
(Attach documentation of disability.)

_____ Quit or reduced employment to attend school at least half time to pursue a degree/certificate.
(Provide a letter from employer on letterhead stating the effective date.)

_____ Other - Please specify (such as last paycheck stubs for student and/or spouse.
(Provide appropriate documentation.)

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Loss of taxable income

_____ Alimony
(Provide court documents stating termination date of benefit.)

_____ Unemployment Compensation
(Provide a letter from the unemployment office stating termination date of benefit.)

_____ Other - Please Specify.
(Provide appropriate documentation.)

Loss of untaxed income

_____ Social Security
(Provide the Social Security Administration's notification of termination of benefit.)

_____ Child Support
(Provide a letter or court document stating termination date of benefit.)

_____ Worker's Compensation
(Provide a letter from the Bureau of Worker's Compensation stating termination date of benefit.)

_____ Other - Please specify.
(Provide appropriate documentation.)

One-time Income

(e.g. inheritance, moving expense allowance, back-year social security payments, lump sum retirement or IRA distribution)
You must attach a separate sheet that identifies the source of income and how the funds were spent or invested.

Other unusual expenses

_____ **Medical or Dental Expenses**
If you paid medical and/or dental expenses during the 2018 calendar year, provide a copy of Schedule A of your 2018 IRS Tax Return Transcript or copies of canceled checks for 2018, and confirmation of total amount paid by insurance in 2018.

_____ **Elementary and Secondary Tuition Expenses**
If you paid elementary, junior and/or high school tuition in the 2018 calendar year, provide a letter from the school on letterhead stating the costs for the period of January 2018 through December 2018.

_____ **Unusually high childcare costs**
If you had excessively high childcare costs in 2018, provide a letter from the childcare provider stating the total amount paid during the period of January, 2018 through December, 2018.

PLEASE NOTE: Request will not be processed without all of the required documentation!

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Income Information

Report all income you have actually received from January 1, 2018 through today. Then estimate all income you expect to receive through December 31, 2018. **YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.** Documentation can include recent pay stubs indicating year-to-date earnings, W-2 forms, or a statement from an employer listing your total earnings. After December 31, 2018, you may be required to submit a copy of your completed 2018 IRS Tax Return Transcript.

Income for January 1, 2018 to December 31, 2018	Actual Income January 1, 2018 until today	Estimated Income Today until December 31, 2018	Total Income (Actual and Estimated Amt.)
Expected 2018 income earned from work by student (wages, salaries, tips, etc.)	\$ _____	\$ _____	\$ _____
Expected 2018 income earned from work by parent (wages, salaries, tips, etc.)	\$ _____	\$ _____	\$ _____
Student's other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, unemployment compensation, etc.) Source: _____	\$ _____	\$ _____	\$ _____
Parent's other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, unemployment compensation, etc.) Source: _____	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____
Aid to Families with Dependent Children (AFDC/ADC/TCA)	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Other untaxed income (earned income credit, welfare benefits, and worker's comp. payments to IRA/Keogh, etc.) Source: _____	\$ _____	\$ _____	\$ _____
Total income for 2018	\$ _____	\$ _____	\$ _____

Current Asset Information:

Current cash, savings, and checking account balances (not including any past financial aid): \$ _____

Current value of real estate/investments (other than your home): \$ _____

Current debt on real estate/investments (other than your home): \$ _____

Current value of farm/business: \$ _____

Current debt on farm/business: \$ _____

Do you participate significantly in the operation of the farm? (Circle One) Yes No

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Certification:

Student's Signature: _____

Parent's Signature: _____

Summary:

[illegible]

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OFFICE OF STUDENT FINANCIAL AID USE

Justification/Comments:

Financial Aid Staff: _____

Date:

RETURN THIS FORM TO:
Baltimore City Community College
Office of Student Financial Aid
2901 Liberty Heights Avenue
Baltimore, MD 21215
(410) 462-8500