



2021-2022

**Independent Student Special Circumstances Appeal Form**

Student's Name \_\_\_\_\_ Student 9-Digit ID # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The FAFSA uses 2019 income for the 2021-22 school year. If your (or your spouse's) income is now lower due to special circumstances, we may be able to use your 2020 or 2021 income instead.

Please check the circumstances that apply to your situation and provide information regarding your reduction in income. Filing this form is not a guarantee of additional aid. However, the Office of Student Financial Aid will review all requests and will notify you of the results. Please indicate the reason for your or your spouse's change in income. Check all that apply and attach the required documentation.

Please provide ALL the following documentation to support the special circumstance that you check below:

1. A copy of the separation letter (on company letterhead) you received when you were laid off or terminated from your job and the date of your termination or layoff.
2. A copy of your last paycheck stub.
3. If married, a copy of your spouse's last paycheck stubs.
4. Verification of your Unemployment benefits and all income (taxable and non-taxable) you received in 2019.
5. Documentation of loss of any income not already mentioned
6. Copy of your latest RS Tax Return and w2's.
7. Complete, front and back, the attached Verification Worksheet.

**REASON FOR APPEAL:**

\_\_\_\_\_ Death of spouse  
(Attach a copy of death certificate.)

\_\_\_\_\_ Layoff

\_\_\_\_\_ Layoff

\_\_\_\_\_ Termination

\_\_\_\_\_ Plant Closing  
(Attach documentation of disability.)

\_\_\_\_\_ Disability - Date of disability \_\_\_\_\_

\_\_\_\_\_ Quit or reduced employment to attend school at least half time to pursue a degree/certificate.

**Loss of taxable income:**

\_\_\_\_\_ Alimony

\_\_\_\_\_ Unemployment Compensation

**Loss of untaxed income**

\_\_\_\_\_ Social Security

\_\_\_\_\_ Child Support

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

**Other Loss of Income:**

\_\_\_\_\_ Any other loss of income which is not selected above. (Please provide 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 2020 calendar year, provide a copy of Schedule A of your 2020 IRS Tax Return or copies of canceled checks for 2020 and confirmation of total paid by insurance in 2020.

\_\_\_\_\_ **Elementary and Secondary Tuition Expenses**

If you paid elementary, junior and/or high school tuition in the 2020 calendar year (Provide letter from school)

\_\_\_\_\_ **Unusually high childcare costs**

If you had excessively high childcare costs in 2020, provide documentation.

**Income Information**

Report all income you have actually received from January 1, 2021 through today. Then estimate all income you expect to receive through December 31, 2021. **YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.** After December 31, 2021 you may be required to submit a copy of your completed 2021 IRS Tax Return.

<b>Income for January 1, 2021 to December 31, 2021</b>	<b>Actual Income January 1, 2021 until today</b>	<b>Estimated Income Today until December 31, 2021</b>	<b>Total Income (Actual and Estimated Amt.)</b>
Expected 2021 income earned from work by student (wages, salaries, tips, etc.)	\$	\$	\$
Expected 2021 income earned from work by spouse (wages, salaries, tips, etc.)	\$	\$	\$
Student's other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, unemployment compensation, etc.) Source:	\$	\$	\$
Spouse's other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, unemployment compensation, etc.) Source:	\$	\$	\$
Other untaxed income (earned income credit, welfare benefits, and worker's comp. payments to IRA/Keogh, etc.) Source:	\$	\$	\$

**Certification:**

I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form, if asked by the Office of Student Financial Aid. I also realize that if I do not provide proof when asked, my appeal of special circumstances will be denied.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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