

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

2020-2021

Independent Student's Special Circumstances Appeal Form

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

According to federal laws and regulations, your/your spouse's 2018 income is used to assess financial need for the 2020-2021 school year. If your/your spouse'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 2019 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 your or your spouse'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.

Please provide ALL of 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. ___ Other _____
6. ___ Copy of IRS Tax Return Transcripts and w2's.
7. ___ Complete, front and back, the attached Verification Worksheet.

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 2019 calendar year, provide a copy of Schedule A of your 2018 IRS Tax Return Transcript or copies of canceled checks for 2019, and confirmation of total amount paid by insurance in 2019.

_____ **Elementary and Secondary Tuition Expenses**
If you paid elementary, junior and/or high school tuition in the 2019 calendar year, provide a letter from the school on letterhead stating the costs for the period of January 2019 through December 2019.

_____ **Unusually high childcare costs**
If you had excessively high childcare costs in 2019, provide a letter from the childcare provider stating the total amount paid during the period of January, 2019 through December, 2019.

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, 2019 through today. Then estimate all income you expect to receive through December 31, 2019. **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, 2019 you may be required to submit a copy of your completed 2018 IRS Tax Return Transcript.

Income for January 1, 2019 to December 31, 2019	Actual Income January 1, 2019 until today	Estimated Income Today until December 31, 2019	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 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:	\$	\$	\$
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 2019	\$	\$	\$

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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NOTE: FILING AN APPEAL DOES NOT GUARANTEE AN APPROVAL. HOWEVER, ALL REQUESTS WILL RECEIVE FULL CONSIDERATION AND NOTICE WILL BE GIVEN OF THE RESULTING DECISION.

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 request for consideration of special circumstances will be denied.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Summary:

Please summarize your special circumstances below.

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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**