The Moberly Area Community College Financial Aid Office understands that life changes may occur beyond your control. Changes to income and household size (among other changes) may affect the original results of the student’s 2015-2016 Free Application for Federal Student Aid (FAFSA). Federal Regulations allow MACC to review unusual circumstances on a case-by-case basis, and allow limited adjustments to be made to the original financial data reported on the FAFSA; consequently, the amount and types of financial aid the student is eligible to receive may change. This form is used for reporting significant changes that have occurred. Action will be taken when the Financial Aid Office receives all required documentation, including the 2015-2016 FAFSA results. Only under limited circumstances may adjustments occur to a student’s financial aid package or expected family contribution, and all adjustments are made at the discretion and professional judgment of the MACC Financial Aid Office. Changes resulting from this review do not guarantee an increase in financial aid.

The Financial Aid Office will consider reductions in income or unusual expenses for the circumstances that significantly and negatively affect the student’s ability to contribute to the MACC cost of attendance. It is our policy not to consider a reduction in income for the following:

- Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage, school loan payments, car payments, legal expenses or other miscellaneous consumer item expenses).
- Reductions in overtime pay or one time income or winnings (this will be reflected on the following year’s aid application).
- Medical expenses paid in 2014 not covered by insurance, not in excess of 11% of the 2014 Federal Adjusted Gross Income.

To ensure consideration of this unusual circumstance appeal, MACC will complete a full verification of all data. Upon receipt, the information will be evaluated to determine the student’s eligibility for financial aid. A letter or revised award notification will be sent to notify the student of the results of this evaluation. (Please allow 20-30 business days for review and notification.)

Students should be aware that MACC is not required to offer unusual circumstances appeals; therefore, if the financial aid administrator determines that an appeal is not appropriate, the decision cannot be appealed.

1) Check the family member that experienced the unusual circumstance:
   - [ ] Father/Step-father
   - [ ] Mother/Step-mother
   - [ ] Student
   - [ ] Student’s Spouse

2) Each Unusual Circumstances Appeal must include the following information for consideration:
   - [ ] This form, thoroughly complete, signed and dated by student and the spouse or parent (if applicable)
   - [ ] Personal letter signed and dated by the student and the spouse or parent (if applicable) describing the situation, timeline of employment and/or events and future plans.
   - [ ] A copy of all 2014 W-2 income statements, as well as tax information described in the following sentences. Submit a signed copy of your and/or your spouse’s/parent(s)’ (if applicable) 2014 Federal Tax Return Transcript (if filed). If this request is being submitted after January 1, 2016, also send 2015 Federal Tax Return Transcript and all 2015 W-2(s). For directions on how to obtain a copies of your tax return transcripts and/or wage and income transcripts (W-2s) go to http://www.macc.edu/images/services/student_services/IRSTRTRreqGuide.pdf

3) Review the reasons listed below, check all that apply, submit all required documentation:

<table>
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<tr>
<th>Check all that apply</th>
<th>REASON</th>
<th>REQUIRED DOCUMENTATION</th>
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| ☐                   | Loss of Employment for a Minimum of Ten (10) Consecutive Weeks | ✓ Letter or notification from employer concerning loss of job.  
 ✓ Copy of last pay stub.  
 ✓ Is there a severance package?  
 ☐ Yes - Provide documentation and amount  
 ☐ No - Provide letter from employer indicating no severance package is to be given.  
 ✓ Will there be Unemployment Benefits?  
 ☐ Yes – Provide documentation of approval and amount  
 ☐ No – Provide documentation |
| ☐                   | Reduction in Income (Is your income less than that which was reported on your 2014 Tax Return?) | ✓ Letter or notification from employer addressing the change in job status.  
 ✓ Copy of last pay stub at 2014 rate.  
 ✓ Copy of current pay stub.  
 ✓ In your personal letter, you must include your new salary or hourly wage and your hours schedule per week |

*Continued on Back*
### Unusual Circumstance Appeal, page 2:

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<th>Check all that apply</th>
<th>REASON</th>
<th>REQUIRED DOCUMENTATION</th>
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|                      | Divorce | - Attach a copy of divorce decree  
|                      | (Only if you have done so since you filed the 2015-2016 FAFSA or if you filed a joint 2014 tax return) |   - In your personal letter also include a list of current household members, relationship to student and their age |
|                      | Separation | - Complete MACC’s Proof of Separation form  
|                      | (Only if you have done so since you filed the 2015-2016 FAFSA or if you filed a joint 2014 tax return) | - In your personal letter also include a list of current household members, relationship to student and their age |
|                      | Reduction or Loss of Untaxed Income and/or Benefits | - Attach an official statement indicating termination of unemployment compensation, stating the ending date and monthly amount received.  
|                      | *DO NOT FORGET ITEMS IN #2* | - Child Support:  
|                      |                      |   - Attach a copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received.  
|                      |                      | - Attach a copy of the divorce decree  
|                      |                      | - Social Security:  
|                      |                      |   - Attach a copy of the notification you received concerning your loss of social security income stating the benefit ending date and monthly amount received.  
|                      |                      | - Other: Please specify:  
|                      |                      |   - Attach supporting documentation from the resource, describing the benefit, the timeline it was received, the reason/s it is no longer available, the ending date and monthly amount received.  
|                      | Reduction Due to Death of a Parent or Spouse | - A copy of the death certificate, or obituary notice.  
|                      | *DO NOT FORGET ITEMS IN #2* | - Are there survivor benefits (social security, life insurance, etc.)?  
|                      |                      |   - Yes – Provide documentation  
|                      |                      |   - No - Provide statement in your letter indicating no benefits are to be received.  
|                      | Healthcare Expenses | - Attach a copy of the Schedule A from the 2014 Federal Income Tax  
|                      | *DO NOT FORGET ITEMS IN #2* | - Copies of PAID receipts incurred through 2014, not paid by insurance  
|                      |                      | - Elementary/Secondary Tuition:  
|                      |                      |   - Attach statement from private school indicating student/s name, relationship to MACC student and list of exact charges incurred and payments made in 2014  
|                      |                      | - Unemployment Benefits:  
|                      |                      |   - Attach an official statement indicating termination of unemployment compensation, stating the ending date and monthly amount received.  
|                      |                      | - Child Support  
|                      |                      |   - Attach a copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received.  
|                      |                      | - Social Security  
|                      |                      |   - Attach a copy of the notification you received concerning your loss of social security income stating the benefit ending date and monthly amount received.  
|                      |                      | - Other: Please specify:  
|                      |                      |   - Attach supporting documentation from the resource, describing the benefit, the timeline it was received, the reason/s it is no longer available, the ending date and monthly amount received.  

Your documents will be reviewed faster if they arrive as a group rather than one at a time – all documents should have your name, SSN, and/or MACC Student ID # included. Please allow 20-30 business days for processing. Attach all supporting documents to this form and submit in-person at the campus nearest you, or to:

Moberly Area Community College, Financial Aid Office, 101 College Avenue, Moberly, MO 65270 –or– Fax: (660) 269-9538.

Questions? Please call: (660) 263-4100 ext. 21002

By signing this form, I agree to provide information that will verify the accuracy of my information, if requested. If I purposely give false or misleading information, I will be referred to the United States Department of Education’s Inspector General. If I purposely give false or misleading information in order to qualify for Title IV funds, I may be fined $20,000, sent to prison, or both.

Student Signature: ___________________________  Date: ___________________________

Spouse’s or Parent’s Signature: ___________________________  Date: ___________________________

For office use only:

- [ ] Approved  - [ ] Denied  - Reason: ___________________________

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<tr>
<td>2014 AGI</td>
<td>2014 Taxes Paid</td>
<td>2014 Untaxed Income</td>
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New EFC ___________________  Financial Aid Administrator/Date: ___________________________