



# 2022-2023 Unusual Circumstances Appeal

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Student's Name: \_\_\_\_\_ MACC Student ID # or SSN: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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 2022-2023 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 2022-2023 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 2020 not covered by insurance, not in excess of 11% of the 2020 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 15-20 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 parents (if applicable) describing the situation, timeline of employment and/or events and future plans.
- A copy of all 2020 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) 2020 Federal Tax Return or Tax Return Transcript, if filed. In addition, you must submit the 2021 Federal Tax Return or Tax Return Transcript and all 2021 W-2(s); and, if submitting this request after January 1, 2023 send the documents noted above as well as the 2022 Federal Tax Return or Tax Return Transcript and all 2022 W-2(s). To obtain copies of your tax return transcripts and/or wage and income transcripts (W-2s) go to [www.irs.gov](http://www.irs.gov).

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

Check all that apply	REASON	REQUIRED DOCUMENTATION
<input type="checkbox"/>	<p><b>Loss of Employment for a Minimum of Ten (10) Consecutive Weeks</b></p> <p><b>*DO NOT FORGET ITEMS IN #2*</b></p>	<ul style="list-style-type: none"> <li>✓ Letter or notification from employer concerning loss of job.</li> <li>✓ Copy of last pay stub.</li> <li>✓ Is there a severance package?                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - Provide documentation and amount</li> <li><input type="checkbox"/> No - Provide letter from employer indicating no severance package is to be given.</li> </ul> </li> <li>✓ Will there be Unemployment Benefits?                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes – Provide documentation of approval and amount</li> <li><input type="checkbox"/> No – Provide documentation</li> </ul> </li> </ul>
<input type="checkbox"/>	<p><b>Reduction in Income</b> (Is your income less than that which was reported on your 2020 Tax Return?)</p> <p><b>*DO NOT FORGET ITEMS IN #2*</b></p>	<ul style="list-style-type: none"> <li>✓ Letter or notification from employer addressing the change in job status.</li> <li>✓ Copy of last pay stub at 2020 rate.</li> <li>✓ Copy of current pay stub.</li> <li>✓ In your personal letter, you must include your new salary or hourly wage and your hours schedule per week</li> </ul>
Check all that apply	REASON	REQUIRED DOCUMENTATION
<input type="checkbox"/>	<p><b>Divorce</b></p> <p><b>Only if you have done so since you filed the 2022-2023 FAFSA or if you filed a joint 2020 and 2021 tax return</b></p> <p><b>*DO NOT FORGET ITEMS IN #2*</b></p>	<ul style="list-style-type: none"> <li>✓ Attach a copy of divorce decree</li> <li>✓ In your personal letter also include a list of current household members, relationship to student and their age</li> </ul>
<input type="checkbox"/>	<p><b>Separation</b></p> <p><b>Only if you have done so since you filed the 2022-2023 FAFSA or if you filed a joint 2020 &amp; 2021 tax return</b></p> <p><b>*DO NOT FORGET ITEMS IN #2*</b></p>	<ul style="list-style-type: none"> <li>✓ Complete MACC’s Proof of Separation form</li> <li>✓ In your personal letter also include a list of current household members, relationship to student and their age</li> </ul>
<input type="checkbox"/>	<p><b>Reduction or Loss of Untaxed Income and/or Benefits</b></p> <p><b>*DO NOT FORGET ITEMS IN #2*</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Unemployment Benefits</b> <ul style="list-style-type: none"> <li>✓ Attach an official statement indicating termination of unemployment compensation, stating the ending date and monthly amount received.</li> </ul> </li> <li><input type="checkbox"/> <b>Child Support</b> <ul style="list-style-type: none"> <li>✓ Attach a copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received.</li> <li>✓ Attach a copy of the divorce decree</li> </ul> </li> <li><input type="checkbox"/> <b>Social Security</b> <ul style="list-style-type: none"> <li>✓ Attach a copy of the notification you received concerning your loss of social security income stating the benefit ending date and monthly amount received.</li> </ul> </li> <li><input type="checkbox"/> <b>Other: Please specify:</b> _____                             <ul style="list-style-type: none"> <li>✓ 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.</li> </ul> </li> </ul>
<input type="checkbox"/>	<p><b>Reduction Due to Death of a Parent or Spouse</b></p> <p><b>*DO NOT FORGET ITEMS IN #2*</b></p>	<ul style="list-style-type: none"> <li>✓ A copy of the death certificate, or obituary notice.</li> <li>✓ Are there survivor benefits (social security, life insurance, etc.)?                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes – Provide documentation</li> <li><input type="checkbox"/> No - Provide statement in your letter indicating no benefits are to be received.</li> </ul> </li> </ul>
<input type="checkbox"/>	<p><b>Healthcare Expenses</b> may only be considered if the expenses were required by a physician (not elective healthcare) &amp; if they exceed 11% of the family’s 2020 &amp; 2021 AGI</p> <p><b>Elementary/Secondary Tuition Expenses</b> may only be considered if the expenses exceed 10% of the family’s 2020 &amp; 2021 AGI</p> <p><b>*DO NOT FORGET ITEMS IN #2*</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Healthcare                             <ul style="list-style-type: none"> <li>✓ Attach a copy of the Schedule A from the 2020 and 2021 Federal Income Tax</li> <li>✓ Copies of PAID receipts incurred through 2020 and 2021, not paid by insurance</li> </ul> </li> <li><input type="checkbox"/> Elementary/Secondary Tuition                             <ul style="list-style-type: none"> <li>✓ Attach statement from private school indicating student/s name, relationship to MACC student and list of exact charges incurred and payments made in 2020 and 2021</li> </ul> </li> </ul>



**6. Provide an estimate of your current monthly expenses:**

**ANSWER EACH QUESTION WITH A DOLLAR AMOUNT OR N/A (FOR NOT APPLICABLE)**

Monthly Expenses	Student	Parent	Who pays for or provides the money for these expenses
Housing: Rent or house payment	\$	\$	
Utilities	\$	\$	
Food	\$	\$	
Clothing	\$	\$	
Transportation (car payments, gas, insurance)	\$	\$	
Medical	\$	\$	
Personal	\$	\$	
Telephone	\$	\$	
Other (list)	\$	\$	
<b>TOTAL</b>	\$	\$	

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 15-20 business days for processing once all requested documentation has been submitted. 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. 11301**

**7. Sign this worksheet**

By signing this worksheet, I/we certify all the information reported on it is complete and correct. I have attached all required documents as outlined in the Checklist on page one. (At least one parent must sign, if dependent.) 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: \_\_\_\_\_

Parent Signature & Date: \_\_\_\_\_

*For office use only:*

Approved    Denied   Reason: \_\_\_\_\_

Student: 2020 AGI \_\_\_\_\_   2020 Taxes Paid \_\_\_\_\_   2020 Untaxed Income \_\_\_\_\_  
 Student income: \_\_\_\_\_   Spouse Income: \_\_\_\_\_   Other change: \_\_\_\_\_

Parent: 2020 AGI \_\_\_\_\_   2020 Taxes Paid \_\_\_\_\_   2020 Untaxed Income \_\_\_\_\_  
 Parent 1 Income: \_\_\_\_\_   Parent 2 Income: \_\_\_\_\_   Other change: \_\_\_\_\_  
 New EFC \_\_\_\_\_   Financial Aid Administrator/Date: \_\_\_\_\_