2026-2027 Special Circumstances Appeal

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Student Name (Last, First, MI)	MACC Student ID Number

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 2026-2027 Free Application for Federal Student Aid (FAFSA). Federal Regulations allow MACC to review special 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 2026-2027 FAFSA results. Only under limited circumstances may adjustments occur to a student's financial aid package or Student Aid Index (SAI), 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 and other unique 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:

- Expenses related to personal choices; for example: vacation expenses, wedding expenses, credit card bills, lottery or gambling winnings or losses, home mortgage and standard living expenses, school loan payments, car payments, legal expenses or other miscellaneous consumer item expenses.
- Medical expenses paid in 2024 not covered by insurance, not in excess of 11% of the 2024 Federal Adjusted Gross Income.

To ensure consideration of this special 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 approve special 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 special circumstance:

☐ Father/Step-father ☐ Mother/Step-mother ☐ Student ☐ Student's Spouse

2) Each Special 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 2024 and 2025 W-2s, along with signed copies of your and/or your spouse's/parent(s)' (if applicable) 2024 and 2025 Federal Tax Returns or Tax Return Transcripts, if filed. If submitting this request after January 1, 2027, also submit the 2026 Federal Tax Return or Tax Return Transcript and all 2026 W-2s. To obtain copies of your tax return transcripts and/or wage and income transcripts (W-2s) go to www.irs.gov.

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

Check all that apply	REASON	REQUIRED DOCUMENTATION
☐	**Loss of Employment for a Minimum of Ten (10) Consecutive Weeks** ***DO NOT FORGET ITEMS IN #2***	✓ 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 2024 Tax Return?) ***DO NOT FORGET ITEMS IN #2***	✓ Letter or notification from employer addressing the change in job status. ✓ Copy of last pay stub at 2024 rate. ✓ Copy of current pay stub. ✓ In your personal letter, you must include your new salary or hourly wage and your hours scheduled per week
☐	**Divorce** **Only if you have done so since you filed the 2026-2027 FAFSA or if you filed a joint 2024 and 2025 tax return** ***DO NOT FORGET ITEMS IN #2***	✓ Attach a copy of divorce decree ✓ In your personal letter also include a list of current household members, relationship to student and their age ✓ *Will not be considered if you/spouse (or parents) are still living together*
☐	**Separation** **Only if you have done so since you filed the 2026-2027 FAFSA or if you filed a joint 2024 & 2025 tax return** ***DO NOT FORGET ITEMS IN #2***	✓ Complete MACC's Proof of Separation form ✓ In your personal letter also include a list of current household members, relationship to student and their age ✓ *Will not be considered if you/spouse (or parents) are still living together*
☐	**Reduction or Loss of Untaxed Income and/or Benefits** ***DO NOT FORGET ITEMS IN #2***	☐ **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. ✓ 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 it is no longer available, the ending date and monthly amount received.
☐	**Reduction Due to Death of a Parent or Spouse** ***DO NOT FORGET ITEMS IN #2***	✓ A copy of the death certificate, or obituary notice. ✓ 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** may only be considered if the expenses were required by a physician (not elective healthcare) & if they exceed 11% of the family's 2024 AGI ***DO NOT FORGET ITEMS IN #2***	✓ Written explanation of situation which includes a detailed description of the medical expenses paid out of pocket. ✓ Documentation of expenses paid out of pocket in 2024 not covered by insurance. ✓ Attach a copy of the Schedule A from the 2024 Federal Income Tax.
☐	**Elementary/Secondary Tuition Expenses** may only be considered if the expenses exceed 10% of the family's 2024 AGI ***DO NOT FORGET ITEMS IN #2***	✓ Attach statement from private school indicating student's name, relationship to MACC student and list of exact charges incurred and payments made in 2024

4) Does anyone in the household receive the following income:

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

CURRENT INCOME	Student Annual Amount Received	Parent Annual Amount Received
Unemployment Benefits	$	$
Child Support Received	$	$
Social Security Benefits	$	$
Financial Aid Refunds	$	$
Other (i.e. retirement, disability, etc.) Describe:	$	$

5) To document how the household was maintained, please answer the following five questions. You may attach an additional sheet if necessary to answer all questions completely:

- Does anyone in the household work outside of the home or is anyone self-employed? **YES** ☐ **NO** ☐
  - If yes, list names, employers, and current monthly income: _____
- Does anyone in the household receive any type of public assistance, examples include SNAP, TANF, housing assistance (including Section 8 housing assistance), etc.? **YES** ☐ **NO** ☐
  - If yes, list amount and explain source: _____
- Does anyone in your household work for cash that has not been reported? **YES** ☐ **NO** ☐
  - If yes, list amount and explain source: _____
- Do you or anyone in your household receive in-kind support (examples include relatives giving the student or parent(s) food, or living in someone's home rent free, etc.)? **YES** ☐ **NO** ☐
  - If yes, list amount and explain source and how long you lived there: _____
- If the total of all resources listed above are less than $10,000 (annually), you must explain, in detail, how your (and your family's) living expenses, including housing, food, transportation, personal items, phone, insurance, etc., were provided in 2024. Provide an additional written statement to explain and report a description and value for all support received. You may submit an additional sheet, if necessary.

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	$	$	
Transportation (car payments, gas, insurance)	$	$	
Medical	$	$	
Personal (hygiene, clothing, etc)	$	$	
Telephone	$	$	
Other (list)	$	$	
TOTAL	$	$	

CERTIFICATION AND AUTHORIZATION

STUDENT: By signing, I certify that all of the information reported is complete and correct.
WARNING: if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature	*Date*

PARENT: By signing, I certify that all of the information reported is complete and correct.
WARNING: if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Parent Signature	*Date*

STOP: Did you fully complete this form? We will return any incomplete/unsigned forms for correction.

If we have reason to believe the information reported is inaccurate or fraudulent, we may require additional documentation

You may submit this form through the Financial Aid Portal, email to finaid@macc.edu from your MACC-issued email account, deliver in-person at the campus nearest you, or mail to:

Moberly Area Community College, Financial Aid Office, 101 S College Avenue, Moberly, MO 65270

Questions? Please call: (660) 263-4100 ext. 11301

For office use only:

☐ **Approved** ☐ **Denied** **Reason:** _____

Student: 2024 AGI _____ **2024 Taxes Paid** _____ **2024 Untaxed Income** _____

Student income: _____ **Spouse Income:** _____ **Other change:** _____

Parent: 2024 AGI _____ **2024 Taxes Paid** _____ **2024 Untaxed Income** _____

Parent 1 Income: _____ **Parent 2 Income:** _____ **Other change:** _____

New SAI_____ **Financial Aid Administrator/Date:**_____