



2323 W. 14th St.
Tempe, Az. 85281
Fax: 480-377-4702

2023-2024 Special Circumstances Review Form

Student Name: _____ Phone Number: _____

Student ID #: _____ Email: _____

Requests for Special Circumstances should be submitted on or after January of 2024 after 2023 taxes have been filed. You may request a Review of Special Circumstances if you or your family's 2021 income entered on the 2023/2024 FAFSA no longer represents your current finances. This review does not guarantee an increase in your financial aid eligibility. We do not accept a Special Circumstance form for marital separation.

Please note:

This form is used only when a substantial income reduction occurred which impacted your 2022 total earnings and your 2023 total earnings or if an income reduction occurred which impacted your 2023 total earnings.

Instructions:

Please type or print clearly and check the appropriate box.

This form will not be processed if any items are left blank, illegible, Federal Taxes are not signed, or missing documents.

Reduction of Income for 2022 and 2023:

ATTACH a copy of your 2022 and 2023 signed Federal Tax Return. If married attach your spouse's 2022 and 2023 signed Federal Tax Return. If you are a considered a dependent student, you must also include your parents' 2022 and 2023 signed Federal Tax Return.

- ATTACH ALL W-2's for the tax year (s)
- ATTACH a statement explaining your family's loss of income and the following if they apply:
 - ✓ I was not required to file a 2022 and/or 2023 tax return (Provide statement with the reason you were not required to file)
 - ✓ If you have zero income, in a statement list and explain how your cost-of-living expenses are currently being paid
 - ✓ Copy of Unemployment Insurance Benefit Letter (s)

Reduction of Income for 2023:

ATTACH a copy of your 2023 signed Federal Tax Return. If married attach your spouse's 2023 signed Federal Tax Return. If you are a considered a dependent student, you must also include your parents' 2023 signed Federal Tax Return.

- ATTACH ALL W-2's for the tax year.
- ATTACH a statement explaining your family's loss of income and the following if they apply:
 - ✓ I was not required to file a 2023 tax return (Provide statement with the reason you were not required to file)
 - ✓ If you have zero income, in a statement list and explain how your cost-of-living expenses are currently being paid
 - ✓ Copy of Unemployment Insurance Benefit Letter (s)

Divorce of Student or Parent – Attach the following:

- A copy of divorce decree
- A copy of all student/ parent’s 2022 and/or 2023 signed Federal Tax Returns and ALL W-2’s for each tax year

Court orders which address the items below:

- Settlements, Alimony, and Child Support received or paid
- If you have zero income, in a detailed letter list and explain how your cost-of-living expenses are currently being paid

Death of a Spouse or Parent After Applying for Aid – Attach the following:

- A copy of your spouse’s or parent’s death certificate
- A copy of your spouse’s or parent’s 2022 and/or 2023 signed Federal Tax Return and ALL W-2's for each tax year
- Official award letter of survivor benefits, including life insurance benefits, etc.

Non-Discrimination Statement

The Maricopa County Community College District (MCCCD) is an EEO / AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the district.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX / 504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>.

SIGNATURE

All the information on this form, and the attachments submitted with it, are true and correct to the best of my knowledge.

I understand additional information may be requested at any time and failure to provide additional information will result in my request not being processed. I understand I will be notified within 14 business days of the committee decision, depending on the volume of requests and that all committee decisions are final.

Student _____ Date _____

Parent _____ Date _____

(Required for dependent students)