



2022-2023 Special Circumstances Review Form

Rio Salado College
2323 W 14th St
Tempe, AZ 85281
Phone: 855-622-2332
Fax: 480-377-4702

Student Name: _____ Phone Number: _____
Student ID #: _____ Email: _____

You may request a **Review of Special Circumstances** if you believe that you or your family's 2020 income is no longer a fair representation of your current financial situation for 22/23 FAFSA.

Please note:

The reason for the use of this form is that your Special Circumstance is due to a REDUCTION IN INCOME which impacted your 2021 **AND** 2022 total earnings. Only significant income reductions change your financial aid eligibility.

INSTRUCTIONS:

Please type or print clearly. You must clearly explain your Special Circumstance.

All items on this form must be completed.

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

Attach all required and supporting documentation to this form.

If clarification of your situation is necessary, additional information or documentation may be required.

Changes resulting from this review **do not** guarantee an increase in your aid since a loss of income may have little or no effect on your financial aid eligibility.

PART I – REASON FOR REQUEST

Please check the reason(s) for this review and provide the supporting documentation to the Financial Aid Office. Notification of the committee's decision will be sent to you within 14 business days, depending on the volume of requests.

ALL COMMITTEE DECISIONS ARE FINAL Check the box (s) that apply below and provide **BOTH** Tax years:

Reduction of Income for 2021

All Federal Tax Returns must be signed and include all W2's

- ATTACH a copy of your 2021 **signed** Federal Tax Return. If married attach your spouse's 2021 **signed** Federal Tax Return. If you are a considered a dependent student, you must also include your parents' 2021 **signed** Federal Tax Return.
- ATTACH a detailed statement of explanation concerning your family's loss of income to include all the items below:

- ☐ I was not required to file a 2021 (Provide statement with the reason you were not required to file).
- ☐ If you have zero income, in a detailed letter list and explain how ALL your expenses are currently being paid
- ☐ Unemployment Insurance Benefit Letter (s)

Reduction of Income for 2022

All Federal Tax Returns must be signed and include all W2's

- ATTACH a copy of your 2022 **signed** Federal Tax Return. If married attach your spouse's 2022 **signed** Federal Tax Return. If you are a considered a dependent student, you must also include your parents' 2022 **signed** Federal Tax Return.
- ATTACH a detailed statement of explanation concerning your family's loss of income to include all the items below:

- ☐ I was not required to file a 2022 (Provide statement with the reason you were not required to file).
- ☐ If you have zero income, in a detailed letter list and explain how ALL your expenses are currently being paid
- ☐ Unemployment Insurance Benefit Letter (s)

<input type="checkbox"/> Divorce of Student or Parent – ATTACH the following: <input type="checkbox"/> A copy of divorce decree <input type="checkbox"/> A copy of all student/ parent’s 2021 or 2022 signed Federal Tax Returns and all W-2’s for each tax year <input type="checkbox"/> Court orders which addresses the items below: ▫ Settlements, Alimony and Child Support received or paid <input type="checkbox"/> If you have zero income, in a detailed letter list and explain how ALL your expenses are currently being paid
<input type="checkbox"/> Death of a Spouse or Parent After Applying for Aid – ATTACH the following: <input type="checkbox"/> A copy of your spouse’s or parent’s death certificate <input type="checkbox"/> A copy of your spouse’s or parent’s 2021 and/or 2022 signed Federal Tax Return and all W2s for each tax year <input type="checkbox"/> 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>.

PART III – SIGNATURE

All the information on this form, and the attachments submitted with it, are true and correct to the best of my knowledge. If asked, I will submit additional proof to verify the information I have provided. I understand that if I do not provide this information, my request for review of special circumstance will not be processed.

I also understand additional information may be requested at any time.

Student _____ **Date** _____

Parent _____ **Date** _____

(Required for dependent students)