A. Student Information

Last Name                                                                 First Name                                                        M.I.
_________________________________                                                                                                      ____________________________
___________________________________________________________________________________________________________
Phone Number (best b/t 8 AM – 5 PM)                                                                                                          MC Student ID#

B. Instructions and Information

• This application may be completed if there has been a significant change in your family’s financial situation since filing the FAFSA, or if you have a special circumstance not taken into consideration on the FAFSA.
• Complete ALL sections – Incomplete packets will not be reviewed.
• No applications will be considered until your FAFSA has been received by our office. If you have not yet completed the online FAFSA, please do so as soon as possible.
• PLEASE NOTE: If you choose to quit your job to return to school this is NOT a special circumstance.

C. Required Documents

All applications must include the following:

☐ Summary statement of student or parent special circumstance – typed on a separate sheet of paper outlining circumstance warranting this request for review
☐ 2020 and 2021 W-2’s for the student &/or parent (if dependent) that is applying for a Special Circumstance
☐ 2020 and 2021 Tax Return Transcript, or IRS 1040 Tax Form, for the student &/or parent (if dependent) that is applying for a Special Circumstance, even if the IRS Data Retrieval Tool was used to complete the FAFSA
  • Tax Return Transcript can be obtained directly from the IRS at www.irs.gov/transcript or by calling (844) 545-5640
☐ Proof of all other untaxed or taxed income
  • Child support, retirement benefits, unemployment benefits, disability benefits, severance pay, etc. . .
☐ Additional documents as required for each particular circumstance selected from Section “D”
D. Circumstance

- **Loss of Employment or Reduced Income** – ADDITIONAL REQUIRED DOCUMENTATION BELOW
  
  Since applying for financial aid, Student/Spouse/Parent(s) experienced a loss of/change in employment or a drastic change in income.
  
  Name of person who’s employment was affected: ___________________________________________________________
  
  Relationship to Student: □ Student □ Spouse □ Parent 1 □ Parent 2
  
  Name of Previous Employer: _______________________________________
  
  Unemployment Benefits:    □ Yes □ No     If so, start and end date ________________________
  
  Name of Person receiving benefits: ____                          _____________________________________________________
  
  Relationship to Student: Student    Spouse   Parent 1  Parent 2
  
  - Official evidence of job loss (letter of separation/termination) OR documentation of reduction in work hours
  - Year-to-date income OR Copy of last pay check stub(s) with year-to-date income information (any & all jobs)
  - Verification of start and end date of unemployment benefits for 2020 and 2021
    - Initial letter from the Texas Workforce Commission
    - Printout of all benefits received to date
  - Verification of loss of untaxed income loss for 2020 and 2021
    - Social Security letter, with printout of benefits
    - Loss of child support for minor child; printout of all income received

- **Previous Year One-Time Increase in Income Amount** – ADDITIONAL REQUIRED DOCUMENTATION BELOW
  
  Student/Spouse/Parent(s) received an inheritance, lump sum Social Security payment, a retirement or IRA distribution or some other nonrecurring payment that is not available for the current school year.
  
  Type of Payment Received: _________________________________  Date received? _______________________
  
  - Official documentation that identifies the source of income (legal forms, financial statements, etc.)
  - Documentation of how the funds were spent or invested and why they are not available as a resource

- **Death of Parent(s) or Spouse** – ADDITIONAL REQUIRED DOCUMENTATION BELOW
  
  Since applying for financial aid, your Parent(s) or Spouse has passed away.
  
  - Copy of death certificate
  - Copy of most recent paycheck stub for student and surviving parent (if applicable)
  - Billing statement from funeral home verifying expenses not covered by insurance (if applicable)

- **Unusually High Medical or Dental Expenses** – ADDITIONAL REQUIRED DOCUMENTATION BELOW
  
  Since applying for financial aid, Student/Spouse/Parent(s) are experiencing unusually high medical or dental expenses (adjustments are on assets only).
  
  - Schedule A for 2020 and 2021
    - The federal formula used to calculate an EFC allows for 11% of a family’s adjusted gross income to be allocated for medical expenses. **Only medical expenses in excess of 11% may be considered.**
  - Receipts for medical payments not covered by insurance, for 2020 and 2021
    - Statements must show name of patient(s), dates of charges and amounts paid by patients
  
  Documents need to be sorted and submitted by patient (if medical is for more than one family member) and in chronological order. Please make sure not to send duplicates of expenses. Documents not dated or dated outside of the 2020 and 2021 years will not be accepted.
Divorce or Separation – ADDITIONAL REQUIRED DOCUMENTATION BELOW
Since applying for financial aid, you/your parents have become divorced or separated. □ You □ Parents
Name of Parent providing 50% or more of your support: ________________________________
Has the Student/Parent above Remarried? □ Yes □ No Marriage Date: ________________
□ Copy of the divorce decree or the divorce petition verifying separation
□ If divorce is not final, you must sign and have notarized the Affidavit of Separation found in the Financial Aid Office
□ Verification of child support received, for both 2020 and 2021

Dependency Override – ADDITIONAL REQUIRED DOCUMENTATION BELOW
Student’s dependency status is determined on the FAFSA.

Students with the following situations DO NOT qualify for a dependency override.
- Parents refuse to contribute to the student’s education.
- Parents are unwilling to provide information on the FAFSA or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

You are requesting this dependency status change due to one of the following reasons: (Select One)
□ Deceased Parents – Copy of death certificate(s)
□ Legal Guardianship – Copy of court order documentation
□ Relationship with parent is severed – 2 Reference Forms from different sources are required
  - References MUST BE someone other than a family member (i.e. teacher, counselor, medical authority, employer, member of clergy, prison administrator, government agency or court)
□ Other – Letter explaining the circumstance and documentation

The following documents are required for all dependency status changes:
□ Signed copy of lease or statement of living arrangements
□ Copy of most recent check stub with year-to-date earnings
□ Proof of health and auto insurance in student’s own name (if applicable)

E. Verification

<table>
<thead>
<tr>
<th>Assets as of Date You Submitted Your FAFSA</th>
<th>Student/Spouse</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your total of cash, savings, and checking accounts?</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>What is the net worth of your investments? Net worth means the market value minus any debt related to the investment. Include real estate (except home in which you live).</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>What is the net worth of your business and/or farm? Net worth means the market value of the property, equipment &amp; inventory minus any debt for which the business or farm was used as collateral. Do not include the business if you own and control more than 50% and have fewer than 100 full time employees. Do not include a family farm on which you live.</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
1. What is your dependency status?
   - [ ] Dependent
   - [ ] Independent

2. Verification of Household:

   **Independent Students:**
   - List Yourself, Spouse and/or Dependents (persons for whom you provide more than 50% of support from July 1, 2022 – June 30, 2023).
   - Include the name of the college for any household member who will be attending college at least half-time between July 1, 2022 – June 30, 2023 and will be enrolled in a degree, diploma or certificate program.

   **Dependent Students:**
   - List your parent(s). In case of divorce/separation, list the parent with whom you lived with more during the past 12 months. If this parent is remarried, you must include your step-parent.
   - List your parent(s)’ other children/ dependents -
     - i. If they will provide more than half of their support from July 1, 2022 through June 30, 2023
     - ii. If they would be required to provide parent information if they were completing the 2022-2023 FAFSA
     - iii. DO NOT include siblings who are in U.S. military service academies
   - Include the name of the college for any household member who will be attending college at least half-time between July 1, 2022 and June 30, 2023 and will be enrolled in a degree, diploma or certificate program. If your parent(s) are also attending college, do not write the name of the college they are attending.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td>Midland College</td>
</tr>
<tr>
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</tbody>
</table>

*If you need additional space, please attach a separate page.*

F. Signature

By signing this worksheet, I verify that all the information reported is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Dependent students must have parent(s’) signatures.

___________________________________________    _______________ ________________________________________     ______________
Student Signature            Date  Parent 1 Signature        Date

________________________________    ___________ ______________________________    ___________
Spouse Signature             Date  Parent 2 Signature

G. Review Statement (For Office Use Only)

<table>
<thead>
<tr>
<th>Calculation of Taxable Income and Taxes Paid</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Total Income</td>
<td></td>
</tr>
<tr>
<td>B. Standard Deduction: Single: $12,400; HoH $18,650; MFJ/QW $24,800</td>
<td>=</td>
</tr>
<tr>
<td>C. Exemptions Number x $4050</td>
<td>=</td>
</tr>
<tr>
<td>D. Taxable Income</td>
<td>A-(B+C)</td>
</tr>
<tr>
<td>Tax Paid from Table</td>
<td></td>
</tr>
</tbody>
</table>

________________Approved  ___________________Denied  ____________________Will not Benefit

FAO Authorized Signature:____________________________________________________________ Date:__________________________