



Muskegon Community College

221 South Quarterline Road • Muskegon, Michigan 49442 • (231) 773-9131

SPECIAL CONSIDERATION REQUEST – INDEPENDENT STUDENT 2009-2010

This form is used to request special consideration based on significant changes to your financial circumstances as reported on the 2009-2010 FAFSA. Please read the listed categories and check the one most applicable to you. You must explain your circumstances in detail and attach documentation confirming the situation. **If the explanation and submitting documentation are not provided, the request will be denied.** Your request will be reviewed within three weeks of submission, if all other processes are complete.

SECTION A

STUDENT NAME: _____ SSN or Student ID # _____
Spouse Name: _____ Student Date of Birth: _____
ADDRESS: _____
EMAIL: _____ Phone: _____

BASIS FOR APPEAL: (Check all that apply)

- ____ A. You or your spouse has lost his/her job. Last date of employment: ____/____/____.
(Attach copy of last pay stub and Attach copy of your 2008 federal tax return)
- ____ B. You or your spouse can no longer work due to a disability. Last date of employment: ____/____/____.
(Attach copy of your last pay stub and Attach copy of your 2008 federal tax return)
- ____ C. You or your spouse received unemployment compensation or other untaxed income or benefit, but has completely lost that income. Date income was terminated: ____/____/____. (Attach your 2008 Federal tax return)
- ____ D. You have divorced or separated since you filed for aid. Date of separation or divorce ____/____/____.
(Attach divorce decree or verification of filing for divorce and Attach your 2008 Federal tax return and W2s)
- ____ E. After applying for financial aid, your spouse died. Date spouse died: ____/____/____.
(Attach copy of death certificate and Attach your 2008 Federal tax return and W2s)
- ____ F. Other, please specify: _____

SECTION B: (TO BE COMPLETED BY ALL APPLICANTS)

Estimate annual income for the 2009 calendar year. **Do not use monthly amounts.**

1. Number of family members in your household from 7/01/09 until 6/30/10: _____
2. Number of family members in college (at least half-time) from 7/01/09 until 6/30/10: _____
3. Your expected 2009 income earned from work: \$ _____ Unemployment: \$ _____
(attach recent or last pay stub) (attach pay stub)
4. Spouse's expected 2009 income earned from work: \$ _____ Unemployment: \$ _____
(attach recent or last pay stub) (attach pay stub)
5. Family's expected 2009 other taxable income: \$ _____ Source: pension/IRA distributions/interest/dividends/
other _____ (circle one)
6. Family's expected 2009 untaxed income : \$ _____ Source: social security/FIA/state assistance/pension/
child support/other _____ (circle one)

continue

REQUIRED DOCUMENTATION: The documentation you attach should support your income estimates and should include documents such as pay stubs, verification of unemployment compensation, worker’s compensation, social security benefits, etc.. For loss of employment attach a letter from the previous employer (on company letterhead) confirming the loss of employment and the date employment ended.

EXPLANATION OF CIRCUMSTANCES: (Attach additional paper as necessary)

ALL DECISIONS BASED ON THIS REQUEST ARE FINAL AND MAY NOT BE APPEALED. The information submitted on this application and in any supporting documents, is true and correct to the best of my knowledge and belief. I understand that falsification of the records will result in ineligibility for any type of financial aid.

Student Signature: _____ Date: _____

OFFICE USE ONLY
Comments: _____
Approved: _____ Denied: _____ Date: _____ Reviewed By: _____

HHS/# in college:	/
Prior Wages:	\$
minus Unemployed person’s wages:	\$
plus Unemployed person’s benefits	\$
equal AGI:	\$
File schedule A?	
minus standard deduction (10,900/8,000/5450):	\$
minus exemptions ___x\$3,500:	\$
Taxable income:	\$
Tax Paid (use tax chart):	\$
Revised Pell EFC:	
Submission date:	