

APPEAL FOR DEPENDENCY OVERRIDE OR SPECIAL CIRCUMSTANCES

Student Name: _____ ID Number: _____

Address: _____
City, State Zip Code

Telephone Number: _____ E-mail Address: _____

A Financial Aid Administrator may use professional judgment on a case-by-case basis to determine if individual students have special circumstances that warrant re-evaluation of aid eligibility. You may have unusual circumstances that justify an override to make you an independent student. Or you and/or your family may have experienced a major change in your financial situation since you filed the financial aid application.

Please read the conditions on this application to determine if your situation meets any of the conditions described. If so, check the appropriate box and submit the proper supporting documentation as requested.

Check one:

- Request for Dependency Override — Complete **Section A** only.
- Request for Review of Special Financial Circumstances — Complete **Section B** only.

Section A: Submit the required information listed below for Dependency Override.

- Please attach a detailed statement that clearly outlines and explains the unusual circumstances that you believe make it inappropriate for you to provide parental information on the FAFSA. Be sure to sign and date this narrative.
- Submit a signed and dated Independent Verification Worksheet.
- Submit a signed and dated copy of your 2008 federal tax return.
 - If you did not file taxes for 2008, submit copies of your 2008 W-2 statements.
 - If you did not work in 2008, please complete and submit a Certification of No Income form which can be found on our website.
- Submit three signed and dated letters substantiating and documenting the existence of your unusual circumstance.
 - Two of these letters should be from a counselor, therapist, doctor, member of the clergy, social worker, etc. on letterhead.
 - The third letter can be from another professional as listed for the first two letters or it may be from a person having comprehensive knowledge regarding the existence of your unusual circumstances. (Make sure the person's name, address and phone number appear on the letter.) A copy of a police report may also be submitted, if applicable.

Continued on reverse side.

700 West State Street, Room S222, Milwaukee, WI 53233-1443 ■ Phone: 414-297-6908 ■ Fax: 414-297-6466

matc.edu finaid@matc.edu

The following examples are generally not considered special circumstances and may not be processed as a special circumstance. The examples include, but are not limited to, you and/or your parents(s):

- ▼ Stopped working to attend college in 2009-2010
- ▼ Stopped working full-time and started working part time to attend college in 2009-2010
- ▼ Are working fewer hours in 2009 than 2008
- ▼ Are working less overtime in 2009 than 2008

Section B: Select a category listed below and submit the required information for Review of Request for Special Financial Circumstances.

- Also, submit a detailed narrative that clearly outlines and explains the unusual circumstances that you believe merit a financial override. Be sure to sign and date this narrative.
- a. **Loss of Employment — Check either parent or student** and submit the required documentation (must have been unemployed for at least twelve (12) weeks at the time of application).
- Student or Parent
- Copy of separation notice or statement from previous employer
 - Copy of your latest pay statement for the current year
 - Verification Worksheet for current year.
 - Copy of the previous year's signed federal 1040 and W-2 forms if married.
 - Estimate all income from all sources for the current year on the **Expected Total Income and Benefits form**.
- b. **Loss of Untaxed Income — Check either parent or student** and submit supporting documentation.
- Student or Parent
- Copy of court ordered suspension of child support, or other untaxed income.
 - Verification worksheet for current year.
 - Copy of the previous year's signed federal 1040 and W-2 forms if married.
 - Estimate all income from all sources for the current year on the **Expected Total Income and Benefits form**.
- c. **Separation, Divorce or Death — Check one and submit appropriate supporting documentation:**
- Spouse or Parent
- Copy of legal separation notice or divorce decree or copy of death certificate or obituary
 - Verification worksheet for the current academic year
 - Copy of the previous year's signed federal 1040 form
 - Copy of W-2 form(s) for previous year
 - Estimate all income from all sources for the current year on the **Expected Total Income and Benefits form**.
- d. Other — Student must explain and document. Example: Paid (uncovered) medical expenses.

Expected Total Income and Benefits

January 1, 2009 – December 31, 2009

Please provide 2009 income for all of the sections below. **Do not leave any items blank.** Documentation of year-to-date earnings must be provided. **PLEASE REPORT ALL 2009 INCOME that you have received and EXPECT to receive.**

1. Wages, Salaries, Tips, etc. (Do not include college work-study or tax deductible contributions to IRA/KEOGH/401k/403b accounts):

	Student	Spouse	Father/Stepfather	Mother/Stepmother
1-01-09 to present				
Present to 12-31-09* (*include an explanation as to how this amount was calculated)				
Total				

Please circle documentation provided: 2008 federal income tax return with all schedules and W-2s, check stubs, wage statements, other _____.

2. Other Taxable Income*: Sources: unemployment compensation, taxable portion of Social Security benefits, severance pay, interest income, dividends, alimony, business or farm income, capital gains, pensions and annuities (minus rollover amounts), IRAs (minus rollover amounts), rents, royalties, partnerships, estates, trusts, life insurance payments and any other taxable income.

	Student	Spouse	Father/Stepfather	Mother/Stepmother
Source:				
Source:				

*Do not include income or capital gains from the sale of a business or farm if the sale resulted from a foreclosure, forfeiture, bankruptcy or involuntary liquidation.

3. Untaxed Income and Benefits: List total 2009 income expected.

	Student	Spouse	Father/Stepfather	Mother/Stepmother
Social Security				
SSDI				
W-2 Retraining Benefit				
Child Support				
Workers Compensation				
IRA/KEOGH				
401k/403b				
Housing Allowance (military/clergy)				
Untaxed Pensions (not rollover)				
Tax Exempt Interest				
Veterans Benefits (not education)				
Cash Support (paid on your behalf)				
Other: _____				

Certification: Please read and sign below.

My signature and date below certifies that the information provided on this form and the contents of any and all attachments are true, accurate and complete to the best of my knowledge. I understand that the MATC Financial Aid Office reserves the right to request copies of my 2009 taxes to verify the changes in income processed before December 31, 2009.

I understand that upon review of the documents that I have submitted, the MATC Financial Aid Office may use professional judgment and require that I submit additional information. I also understand that I will be notified by MATC Student E-mail of the decision to process or not process my Special Circumstances. In addition, I further understand that THE DECISION MADE BY THE FINANCIAL AID OFFICE IN REGARD TO THE PROCESSING OF MY SPECIAL CIRCUMSTANCES IS FINAL AND THERE IS NO ADDITIONAL APPEAL PROCESS!

Student signature

Date

Spouse signature

Date

Please submit your **signed, dated and completed** Special Circumstances Information Form, along with the support documentation, to the MATC Financial Aid Office in person or by regular mail as soon as possible.