# MILWAUKEE AREA Technical College

## APPEAL FOR REVIEW OF SPECIAL CIRCUMSTANCES

# Dependent Student Form 2023-2024 School Year

Student Name:	ID Number:	
Address:		
	City, State	Zip Code
Telephone Number:	E-mail Address:	

The MATC Financial Aid Department recognizes that our students may have extenuating circumstances that affect their financial situation. If you believe the Free Application for Federal Student Aid (FAFSA) does not reflect an accurate financial picture, you may submit this request to have your FAFSA reviewed. The following are examples of extenuating circumstances:

- loss or reduction of family income,
- divorce or separation of parents,
- recent death of a parent,
- unusual medical and dental expenses (paid out-of-pocket),
- elementary and secondary school costs,
- child-care and dependent-care costs, etc.

#### A What is needed to start review:

- Must have submitted the 2023-2024 FAFSA and received by MATC's Financial Aid Office. This can be done online at www.fafsa.gov
- This completed form. NOTE: this form and all required documentation must be submitted and reviewed before the last day of classes for the current semester.
- If you did not utilize the IRS Data Retrieval Tool for Student's and Parent's income sections when completing the FAFSA, include a copy of the student's and parents' 2021 Tax Transcripts and W-2 forms.
- A signed and dated statement detailing the circumstance(s) that lead to this request, and any supporting
  documentation for yours or your family's financial situation. Be specific provide dates and clearly identify the
  person to whom the narrative refers.

#### B. Complete the section of the form that applies to you:

Each section will describe the type of documentation that will be required in addition to what is listed is the "What is needed to start review" section. **NOTE:** There may be additional documentation that is needed after we review your initial documents submitted.

### **Reduced Income:**

1.	Change in parent's marital status- inc	cluding divorce/separa	tion and loss of pa	arent		
	Required Documentation: Copy of provide proof of separate residence certificate/obituary for loss of spouse.	such as lease(s), mo				
	Please circle one of the following:	Separated □	Divorced □	Widowed □		
		Date marital status changed:				
			-	MM/DD/YY		

700 West State Street, Room S115, Milwaukee, WI 53233-1443 ■ Phone: 414-297-6282 ■ Fax: 414-297-6466 e-mail: finaid@matc.edu matc.edu

	2A.	Significant income change between 2021 taxes and 2022 taxes			
		Required Documentation: Copies of 2022 tax return transcripts and 2022 W-2s. Which family member's income changed between 2021 and 2022.  Student			
		☐ Parent(s)			
	2B. Significant change in income between 2021 taxed and projected year 2023 income				
		Required Documentation: Copies of 2022 tax return transcripts and 2022 W-2s, a copy of the last two most recent pay stubs for all jobs worked in 2023, unemployment (payment history if unemployed in 2023) and any other income documentation from 2022.  Which family member's income changed between 2021 and 2023.  Student Parent(s)			
		al Expenses: Paid out-of-pocket medical or dental expenses			
		<b>Required Documentation:</b> Itemized spreadsheet that totals expenses, along with documentation supporting listed expenses not covered by insurance, Health Savings Account, or Flexible Spending Account. Tax returns or tax return transcripts for the year that the medical expense occurred.			
	4.	Private tuition that parent(s) paid for a sibling during the 2022-23 academic year			
		<b>Required Documentation:</b> Proof of payments, such as a detailed statement of accounts from that elementary and secondary school (preferred on their letter head).			
	5.	Other –			
		<b>Required Documentation:</b> Please explain in a signed and dated statement detailing the circumstances that is leading to this request and submit any documentation supporting those circumstances.			
stance	s coi	ot of all required documentation, appeals will be reviewed by the Financial Aid Office to determine if the circum- nply with the Department of Education's regulations governing special circumstances appeals. During peak times, please allow 4 - 6 weeks for processing.			
By sigr		his form,			
•		ve permission to the Financial Aid Office to verify any information that I provide on this form. I understand that verification may include a request for my tax documents and additional documentation if needed.			
•	<ul> <li>I certify that all of the information provided on this form is correct to the best of my knowledge.</li> </ul>				
•	<ul> <li>I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.</li> </ul>				
•		nderstand that reporting a Special Circumstance does not guarantee a recalculation of my EFC and/or an ease in financial aid funding.			
Studer	ıt's S	ignature Date			
Parent	's Si	gnature Date			



STAFF USE ONLY				
Form Received by				
Date				

# 2023-2024 Verification Worksheet

Dependent Student - Tracking Group V1

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parent(s) reported on your FAFSA. To verify that you provided correct information the MATC financial aid office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences between your FAFSA application information and this worksheet and/or documents you submitted, MATC will send corrections electronically to the federal processing center to have your application reprocessed. The MATC financial aid office may ask for additional information.

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Student's Last Name	Student's First Name	Student's M.I.	Student's ID Number	
Student's Street Address	(include apt. no.)		Student's Date of Birth	
City	State Zip	Code	Email Address	
Student's Home Phone N	umber (include area code)	Student's Alternate or Cell Phone Number		

#### **B. FAMILY INFORMATION**

**Number of Household Members:** List below **ALL** of the people in your **parents'** household for whom your parent(s) will provide more than half their support. Include:

- 1. Yourself (even if you do not live with your parent(s)).
- 2. **Your parent(s)** (including stepparent, or both legal parents in same household regardless of their marital status or gender of the parent(s)) that you listed on your FAFSA form.
- 3. **Your parent(s)** other children (if your parents provide more than half of their support or if they would be required to give parental information when applying for Federal student aid).

NOTE: You may be asked to provide documentation that they provided half of the support for all names on this form or if we need to verify household size.

**Number in College:** If any of the people listed below will be attending college at least half-time (6 credits or more) in a degree, diploma or certificate program between July 1, 2023, and June 30, 2024, please list the name of the college they are attending.

Full Name of Everyone in the Household	Age	Relationship to Student	College Planning to Attend in 2023-2024
		SELF	Milwaukee Area Technical College

If there are additional household members, add them on a separate sheet of paper and submit along with this worksheet.

Financial Aid Office: 700 West State Street, Room S115, Milwaukee, WI 53233-1443 ■ Phone: 414-297-6282 ■ Fax: 414-297-6466 matc.edu finaid@matc.edu

Printed Student Name			Student I	Student ID Number		
C. ST	UDENT TAX AND INCO	ME INFORMATION				
Check	all that apply below and the	en complete the grid below eve	en if the amount is zero dollars:			
	Check here if you filed 20		ata Retrieval Tool to complete the F	FAFSA, and if you did not make		
			e a 2021 Federal Tax Return. In the Additional information/documenta			
	Check here if no income	earned in 2021.				
IRS Tax at 1-800	Transcripts, Letters of Non-fili 908-9946. The Milwaukee IRS	ng, and Wage & Income Transcript Office is located at 211 West Wisco	s may be requested at https://www.irs.go onsin Ave. To schedule an appointment,	v/individuals/get-transcript or by phone please call 1-844-545-5640.		
	Employe	er's Name	2020 Amount Earned	IRS W-2s Attached (Y/N)		
IRS Tax	Check here if parent(s) (in the FAFSA, and if you did the FAFSA, and if you did Check here if parent(s) (in (and a signed copy of the www.irs.gov or by phone Check here if you will not Letter of Non-filing and submitting the IRS Form	ncluding step-parent if remarrid not make changes to the FAI ncluding step-parent if remarrie 1040X if amendments were mat 1-800-908-9946. You can refile and are not required to file Wage & Income Transcript for 4506-T, or at www.irs.gov.	FSA fields after the retrieval tool was	ed a Federal Tax Return Transcript Return Transcript, order one at x return is processed by the IRS. st also attach a copy of your se by calling 1-800-908-9946,  v/individuals/get-transcript or by phone		
Each p	erson signing this works	IUST BOTH SIGN THIS WO heet certifies that all of the i (Electronic Signatures are r	nformation reported on it is comp	lete and correct, the student and		
				ve false or misleading information fined, be sentenced to jail or both.		
<u> </u>						
Student	's Signature	Date	Parent's Signature	Date		