OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

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Federal School Code – 008087 · https://www.montgomery.edu/financial-aid

2026-27 SPECIAL CIRCUMSTANCES REQUEST

Special Circumstances refer to the financial situations (loss of a job, etc.) that justify an aid administrator adjusting data elements in the COA or in the SAI calculation.

In cases where 2025-2026 family income is expected to be substantially less than 2024 family income, or if you have special circumstances we should take under advisement, you may request a review of family contribution and financial aid eligibility. Complete and return this form to the Financial Aid Office **along with documentation to support your request**.

Student Name: _____ **MCC ID# :** _____

Reasons for review of financial aid eligibility: **Check condition and circle the person for whom it applies:**

❒ **You / Your Spouse / Your Parent(s)** were/was employed in 2024 but are/is now unemployed or under employed. **Suggested Documentation:** Proof of unemployment benefits or statement on company letterhead from employer which specifies your last date of employment and/or date(s) of reduced hours.

❒ **You / Your Spouse / Your Parent(s)** received unemployment compensation or other reported income in 2024 and have had a loss or reduction in these benefits in 2025-2026.
Suggested Documentation: Letter of explanation from source of benefit.

❒ **You / Your Spouse / Your Parent(s)** earned money in 2024, but have/has been unable to pursue normal income-producing activities during 2025-2026 due to a disability or natural disaster.
Suggested Documentation: Physician's statement or written description of natural disaster.

❒ **You / Your Parents** have become separated or divorced after you submitted your application for Federal Student Financial Aid. **Date of Separation or Divorce:** ____/____/____
Suggested Documentation: Copy of divorce or legal separation documents; if unavailable, obtain a letter from an attorney, minister, or other responsible third party (non-relative) describing situation and date of divorce or separation.

❒ **Your Spouse / Your Parent** whose 2024 income was reported on your application for Federal Student Aid has died since you submitted your application.
Date of Death: ____/____/____ **Suggested Documentation:** Death Certificate; Obituary.

❒ **Dependent Student** only**:** Your last surviving parent, with whom you had a dependency relationship by virtue of not meeting the Federal Independent Student criteria, has died after you submitted your Federal Student Financial Aid Application.
Date of Death: ____/____/____ **Suggested Documentation:** Death Certificate; Obituary.

❒ **Your Parent(s)** will be attending college at least half-time between July 1, 2026 and June 30, 2027, and will be enrolled in a degree or certificate program. Name(s) of parent(s) who meet this definition: _____ College(s) that parent(s) will attend: _____
Suggested Documentation: Proof of enrollment from the college(s) that parent(s) attend.

❒ **Other:** Please explain briefly and concisely those circumstances you wish us to consider when reviewing your financial aid eligibility. Examples include: high unreimbursed medical expenses, nursing home expenses, etc. **Please submit proof of these circumstances with this form.**

_____
_____
_____
_____
_____

Student / Spouse / Parent(s) Expected 2026 Income:
Do not leave any items blank. Report total yearly figures (not monthly).

Student & Spouse Parent(s)

2026 Expected Work Income by student / father: **$**_____ **$**_____
2026 Expected Work Income by spouse / mother: **$**_____ **$**_____
2026 Other Taxable Income (e.g. unemployment benefits): **$**_____ **$**_____
2026 Other Non-Taxable Income (e.g. child support): **$**_____ **$**_____
Total Expected 2026 Income $**_____ **$_____

I understand that if I purposely give false or misleading information you may be fined, be sentenced to jail, or both. I also understand that if the income estimates provided above are substantially different from what is actually earned for that year, I will lose my ability to request any future adjustments in subsequent application years.

_____ _____
Student Signature **Date**

_____ _____
Spouse / Parent Signature **Date**

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For Office Use Only

_____ Approved ● Recalculated EFC: _____ ● ISIR reprocessed: ____/____/____

Calc'd taxes paid: _____ Key'd "Y" at CPSR? Yes No

Data elements and amounts to be adjusted: _____
_____

_____ Denied Reason: _____

I hereby use my professional judgment to **adjust / not adjust** this student's expected family contribution.

_____ _____
Financial Aid Officer Date

We recommend you make a copy of this worksheet for you records.
Submit this completed worksheet immediately to the MCC Office of Financial Aid and Veterans Affairs.

Montgomery Community College provides equal opportunities to all students, employees and applicants for admission and employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex (including pregnancy), national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.