



Request for Review of Special Circumstances 2024-2025

Phoenix College
Financial Aid Office
Email: pc-finaid@phoenixcollege.edu
Phone: 480-731-8900

Student Name _____ Student ID# _____
Student Email _____@maricopa.edu Phone # _____

You may request a Review of Special Circumstances if you believe that you or your family’s 2022 income is no longer a fair representation of your situation.

Submission Dates: Special Circumstances reviews will be conducted only between the following dates:

Fall 2024 – July 22, 2024 through November 29, 2024

Spring 2025 – Dec. 1, 2024 to April 25, 2025. During this period, in addition to the most recent paystubs, you must submit a signed 2024 federal tax return (1040, 1040A, 1040EZ) or tax return transcripts (or all 2022 W-2s if not required to file taxes)

Summer 2024 – April 28, 2025 to June 23, 2025 (note that same documentation is required as Spring 2025 submissions)

Special circumstance forms will not be accepted outside of the dates indicated above. Additionally, we must have this request (with all required documents), and the valid electronic FAFSA information by the last day of your enrollment period in order to determine your eligibility.

Please Note the Following:

Upon completion of your Special Circumstances review, your updated FAFSA may be selected for verification. The verification process may require the submission of additional forms and/or documents. Failure to submit all required documents may result in denial of this request.

Instructions

- Please type or print **clearly**.
- **All** items on this form must be completed. **This form will not be processed if any items are left blank or illegible.**
- Attach all required and supporting documentation to this form.
- If clarification of your situation is necessary, additional information or documentation may be required.

Changes resulting from this review **do not** guarantee an increase in your aid since a loss of income may have little or no effect on your financial aid eligibility. If you have significantly underestimated your income on a prior year’s review, your request for this year will have to wait until the end of the 2024 calendar year when total earnings for 2024 year can be provided.

PART I – REASON FOR REQUEST

Please check the reason(s) for this review and provide the supporting documentation to the Financial Aid Office. Notification of the committee’s decision will be sent to your Maricopa.edu email within 10 business days, depending on the volume of requests. **ALL COMMITTEE DECISIONS ARE FINAL.** We can only do special conditions for the reasons listed below:

- | |
|--|
| <input type="checkbox"/> Reduction of Income or Benefits (Includes dislocated workers and displaced homemakers). Only significant income reductions may affect the aid offered. <ul style="list-style-type: none"> ▪ ATTACH copies of the two (2) and/or most recent pay stub(s) showing year-to-date earnings from ALL employers in 2024. If you are married, include paystubs for your spouse. If you are a considered a dependent student, you must also include your parents’ paystubs. ▪ A letter from your previous employer on <u>company letterhead</u> indicating the separation or change in your employment status. ▪ Proof of unemployment benefits (or proof that you are not receiving unemployment benefits, if ineligible for these benefits). ▪ ATTACH a detailed statement of explanation concerning your loss of income to include all of the items below: <ul style="list-style-type: none"> ○ Your past and current employer ○ The date your income was reduced ○ Indicate whether or not you are entitled to unemployment benefits or severance pay, and the amounts ○ If you have zero income, explain how your expenses are being paid |
| <input type="checkbox"/> Medical / Dental Expenses You Paid in 2023 and/or 2024 that WERE NOT PAID by Insurance – <ul style="list-style-type: none"> ▪ Attach <u>paid</u> medical dental receipts ▪ Attach explanation of medical/dental expenses |

Elementary, junior high and high school tuition paid in 2024-2025. ATTACH the following:

- Confirmation of attendance for the dependent(s) tuition was paid for
- Documentation of the amount of tuition paid and who it was paid by

Death of a Spouse or Parent – Please ATTACH:

- A copy of your spouse’s or parent’s death certificate
- A detailed statement which addresses the items below
 - Date of your spouse’s, or parent’s, death
 - Expected survivor benefits, including life insurance

Loss of Child Support

- Attach a copy of court documentation of your loss of child support, including date of last payment

Loss of One Time Income –One time income is income that will not be repeated the following calendar year. (E.g.: 401K or pension funds received early)

- Attach a detailed statement addressing the items below:
 - Type of income received
 - How the income was spent
 - Why the income cannot be used for education expenses

PART II – ANTICIPATED ANNUAL INCOME

For each income type, anticipate the amount you plan to receive **for the entire 2024 calendar year** (January 1, 2024 – December 31, 2024).

| Income Type | Student | Spouse (if married) | Father (if dependent) | Mother (if dependent) |
|--|---------|------------------------|--------------------------|--------------------------|
| Gross income from work from all employers in calendar year | \$ | \$ | \$ | \$ |
| Unemployment benefits or severance pay | \$ | \$ | \$ | \$ |
| Business/Farm Income received | \$ | \$ | \$ | \$ |
| Interest and dividends | \$ | \$ | \$ | \$ |
| Taxable amount received from pensions or annuities withdrawals | \$ | \$ | \$ | \$ |
| Other taxable income: | \$ | \$ | \$ | \$ |
| Other taxable income: | \$ | \$ | \$ | \$ |
| Untaxed income: | \$ | \$ | \$ | \$ |
| Untaxed income: | \$ | \$ | \$ | \$ |

PART III – SIGNATURE (must be "wet" signature, electronic signatures will not be accepted)

All of the information on this form and the attachments submitted with it are true and correct to the best of my knowledge. If asked I will submit additional proof to verify the information I have provided. I understand that if I do not provide this information, my request for review of special circumstance will not be processed.

Student: _____ Date _____

Parent (Dependent students only)_____ Date _____

OFFICE USE ONLY

Revised _____ No change _____ Date _____ FA Rep. _____ AGI _____

Comments: _____

Non-Discrimination Statement
 The Maricopa County Community College District (MCCCD) is an EEO / AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District. The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX / 504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>.