



# Muskegon Community College

221 South Quarterline Road ♦ Muskegon, MI 49442

## 2024-2025 Special Circumstances Form Independent Student

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

**You must complete the 2024-2025 Free Application for Federal Student Aid (FAFSA) at [www.fafsa.gov](http://www.fafsa.gov) BEFORE you can submit this form to the Financial Aid Office**

Special Circumstances are situations beyond an individual's control which affect income reported on the FAFSA. You may use this form to appeal your family's financial circumstances. Modifications to your financial aid award will depend on the extent to which your circumstances reduce your FAFSA's Student Aid Index (SAI).

These special circumstances may be either changes that have occurred in your family circumstances since you filed the Free Application for Federal Student Aid (FAFSA) or unusual family circumstances not accounted for on the FAFSA. Below are the circumstances that normally qualify a student to file a Special Circumstances (select all that apply). If your circumstance(s) does NOT fit into one of the options below, you may still file the Special Circumstances Form and attach a letter explaining your situation.

*Please note that costs associated with discretionary lifestyle choices, consumer indebtedness (house payments, car expenses, living without roommates, credit card debt, etc.) and bankruptcy cannot be considered as special circumstances.*

Filing this Special Circumstance Form does not guarantee additional financial aid. Special Circumstances may only result in the student receiving the maximum in subsidized loan eligibility and/or Pell Grant eligibility.

Attach the requested documentation and return it with this form to: Financial Aid Office, Muskegon Community College, 221 S. Quarterline, Muskegon, MI 49442. You may also fax the documents to 231-777-0475. No action will be taken on your request unless accompanied by documentation. Processing of this request may take approximately 4 to 6 weeks.

Please print clearly.

**Reduction or loss of income from work for at least ten (10) weeks 2023 or 2024.**

- Student Date of layoff (mm/dd/yy): \_\_\_\_\_
- Spouse Date of layoff (mm/dd/yy): \_\_\_\_\_

**Documentation Required:**

- A letter from employer on company letter head stating effective date
- A copy of the last pay statement showing gross year-to-date income from each job worked for both student and spouse
- Documentation of unemployment benefits from state agency stating start and end dates, weekly amount, and total amount of benefits, and reason for the benefit
- Documentation of any severance pay received

**Additional Information:**

- Have you or your spouse started another job? \*If yes, give start date (mm/dd/yy): \_\_\_\_\_

- Please complete page three and four of this form.

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○ **Death of a Spouse**

Date of death (mm/dd/yy): \_\_\_\_\_

**Documentation Required:**

- A copy of the death certificate
- Describe survivor benefits that are to be received including amounts and payment terms

**Additional Information:**

- Please complete page three and four of this form.

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○ **Other Circumstances not addressed in the above categories**

**Documentation Required:**

- Submit a statement that explains changes in your financial and/or family situation. Please provide supporting documentation.

**Additional Information:**

- Please complete page three and four of this form.

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**Please submit a copy of your 2021 Federal Tax Transcripts from the IRS with this Special Circumstance and a written explanation giving reasons for this request.**

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Financial Aid Office, Muskegon Community College, 221 S. Quarterline, Muskegon, MI 49442  
Fax: (231)777-0475 Phone: (231)777-0228

### Expected Total Income and Benefits

Use this form to document special circumstance for your household incomes received to date and to provide your best estimate of all sources of income for 2024. Use zero to indicate you do not have any types of taxable or untaxed income to report.

All sources of income for 2023	Student	Spouse
<p><b>A. Gross wages from work</b>  <b>01-01-24 through 12-31-24</b></p> <ul style="list-style-type: none"> <li>Include wages already earned</li> <li>Include <u>anticipated</u> wages through 12-31-24</li> </ul>	<p>\$ _____</p>	<p>\$ _____</p>
<p><b>B. 2024 Taxable Income</b>            Document <u>both</u> the amount and the source:  <b>Examples:</b></p> <ul style="list-style-type: none"> <li>Unemployment compensation</li> <li>Taxable portion of Social Security Benefits</li> <li>Severance Pay</li> <li>Interest income, Dividends, Capital Gains</li> <li>Alimony</li> <li>Pensions, Annuities, IRA's</li> <li>Rent, royalties, partnerships, estates, trusts, life insurance payment, and other taxable income</li> <li>Early withdrawal from 401k</li> <li>Other: _____</li> </ul>	<p>\$ _____</p> <p>\$ _____</p> <p>Identify source of the income from examples:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>Identify source of the income from examples:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>C. 2024 Untaxed Income or Benefits</b>            Document <u>both</u> the amount and the source:  <b>Examples:</b></p> <ul style="list-style-type: none"> <li>Child support received for all children</li> <li>Worker's compensation</li> <li>Veteran's Death Benefits</li> <li>Disability</li> <li>Housing, food, pensions, annuities, other living allowances for military/clergy/other</li> <li>Other: _____</li> </ul>	<p>\$ _____</p> <p>\$ _____</p> <p>Identify source of the income from examples:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>Identify source of the income from examples:</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Asset Information**

**Student and Spouse**

\$ \_\_\_\_\_ As of today, what is your total current balance of cash, savings, and checking accounts?

\$ \_\_\_\_\_ As of today, what is the net worth of your investments, including real estate? **Don't** include the home in which you live. Net worth means current value minus debt.

\$ \_\_\_\_\_ As of today, what is the net worth of your current businesses and/or investment farms? **Don't** include a family farm or family business with 100 or fewer full-time or full-time equivalent employees.

**Household Size Statement**

List all family members who will be a part of your household in 2024-2025. List the name of the college for any member who will attend college at least half-time between 07-01-2024 and 06-30-2025. Attach a separate sheet if necessary.

Name	Age	Relationship	Name of College
		Self	MCC

**Please read and sign below:**

I certify the information provided on this form is correct and complete. All attachments and supporting documents are true to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_