Request for Special Circumstance Review 2020-2021 Academic Year

Student’s Name: ________________________ MassBay ID#: ______________

1. Will your income and/or your spouse’s or parents’ income be less in 2020 than in 2018?
   □ Yes  □ No

2. Please report the date the change took place and then check the appropriate reason below.

   DATE OF CHANGE: __________________

   ✓ Below
   ───────────────────────────────────────────────────────────────────────────
   Loss of income due to COVID-19 pandemic
   Unemployment or change in employment
   Divorce/separation
   Disability of student, spouse or parent
   Death of spouse or parent
   Unusual medical expenses
   One-time adjustments to income (e.g. back paid Social Security, IRA or pension distribution)

Required Documentation to submit with this form:

1. A separate typed letter, including wet signature and date, explaining your special circumstances in detail.

2. Income Tax Documentation: (If you do not have either document below please explain why, in your letter explaining your special circumstance.)

3. Supporting documentation related to your circumstance. Examples: last pay stub, unemployment forms, layoff notice, current paystub - if re-employed (include spouse's most recent paystub if married), court papers, doctor’s note, disability claim, death certificate, etc.

   (This form can be located in the Forms section on our website or contact our office to request this form.)

*Please Note: We WILL NOT process your request without a complete form and proper documentation. Failure to provide the requested documentation will result in a delay and/or possible denial regarding the processing of your review request.

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Page 2

Student’s Name: ____________________________ MassBay ID#: __________________

<table>
<thead>
<tr>
<th>Anticipated Income for 01/01/2020 to 12/31/2020</th>
<th>Actual 01/01/20 -Today</th>
<th>Estimated Today -12/31/20</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s wages, salaries, tips (including severance pay, disability payments and other income from work)</td>
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<tr>
<td>Spouse’s wages, salaries, tips (including severance pay, disability payments and other income from work) – if applicable</td>
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<td>Father’s wages, salaries, tips (including severance pay, disability payments and other income from work) – if applicable</td>
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<tr>
<td>Mother’s wages, salaries, tips (including severance pay, disability payments and other income from work) – if applicable</td>
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<td>Unemployment Benefits</td>
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<td>Social Security Benefits</td>
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<td>Alimony and/or child support</td>
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<td>Other Untaxed income (e.g. Workers’ Compensation)</td>
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<tr>
<td>Total Anticipated Income for 2020</td>
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</tbody>
</table>

*Do not leave blank boxes above! If it is zero, please write zero or not applicable. Incomplete forms will result in a denial.*

My signature certifies that the information provided above is true. I agree to provide additional proof of the information, if requested.

______________________________ Date ____________________________
Student’s Signature

______________________________ Date ____________________________
Parent’s Signature