

Email: finaid@massbay.edu

Request for Special Circumstance Review 2022-2023 Academic Year

Student's Name:

MassBay ID#:

- 1. Will your income and/or your spouse's or parents' income be less in 2022 than in 2020?
- 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 physical 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.*)
 - <u>Most Recent</u> Federal Tax Return Transcripts or a signed copy of the Federal Tax Return.
- **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.)

**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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Anticipated Income for <u>01/01/2022 to 12/31/2023</u>	<u>Actual</u> 01/01/22 -Today	<u>Estimated</u> Today -12/31/22	<u>Total</u>
Student's wages, salaries, tips (including severance pay, disability payments and other income from work)			
Spouse's salaries, tips (including severance pay, disability payments and other income from work) – if applicable			
Father's wages, salaries, tips (including severance pay, disability payments and other income from work) – if applicable			
Mother's wages, salaries, tips (including severance pay, disability payments and other income from work) – if applicable			
Unemployment Benefits			
Social Security Benefits			
Alimony and/or child support			
Other Untaxed income (e.g. Workers' Compensation)			
Total Anticipated Income for 202	2		

Do not leave blank boxes above! If it is zero, please write zero or not applicable. Incomplete forms will be returned to the student.

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

Student's Signature	Date	Parent's Signature	Date

Deadline to submit: May 12, 2023

Please note: By using a typable format to sign your name electronically using this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.