

APPEAL FOR REVIEW OF SPECIAL CIRCUMSTANCES
Independent Student Form
2023-2024 School Year

Student Name: _____ ID Number: _____

Address: _____
City, State Zip Code

Telephone Number: _____ E-mail Address: _____

The MATC Financial Aid Department recognizes that our students may have extenuating circumstances that affect their financial situation. If you believe the Free Application for Federal Student Aid (FAFSA) does not reflect an accurate financial picture, you may submit this request to have your FAFSA reviewed. The following are examples of extenuating circumstances:

- loss or reduction of family income,
- divorce or separation from spouse,
- recent death of spouse,
- unusual medical and dental expenses (paid out-of-pocket),
- elementary and secondary school costs for dependent(s),
- child-care and dependent-care costs, etc.

A What is needed to start review:

- Must have submitted the 2023-2024 FAFSA and received by MATC’s Financial Aid Office. This can be done online at www.fafsa.gov
- This completed form. **NOTE:** this form and all required documentation must be submitted and reviewed before the last day of classes for the current semester.
- If you did not utilize the IRS Data Retrieval Tool when completing the FAFSA, include a copy of your 2021 Tax Transcripts and W-2 forms. If filed separately, please include a copy of your spouse’s also.
- A signed and dated statement detailing the circumstance(s) that lead to this request, and any supporting documentation for yours or your family’s financial situation. *Be specific – provide dates and clearly identify the person to whom the narrative refers.*

B. Complete the section of the form that applies to you:

Each section will describe the type of documentation that will be required in addition to what is listed in the “What is needed to start review” section. **NOTE:** There may be additional documentation that is needed after we review your initial documents submitted.

Reduced Income:

1. Change in marital status- including divorce/separation and loss of spouse

Required Documentation: Copy of separation order or divorce decree (if no legal document is available, provide proof of separate residence such as lease(s), mortgage(s), utility bill(s), etc.), or a copy of death certificate/ obituary for loss of spouse.

Please circle one of the following: Separated Divorced Widowed

Date marital status changed: _____
MM/DD/YY

2A. Significant income change between 2021 taxes and 2022 taxes

Required Documentation: Copies of 2022 tax return transcripts and 2022 W-2s. Which family member's income changed between 2021 and 2022.

- Student
- Spouse

2B. Significant change in income between 2021 taxes and projected year 2023 income

Required Documentation: Copies of 2022 tax return transcripts and 2022 W-2s, a copy of the last two most recent pay stubs for all jobs worked in 2023, and any other income documentation from 2023.

- Student
- Spouse

Additional Expenses:

3. Paid out-of-pocket medical or dental expenses

Required Documentation: Schedule A or itemized spreadsheet that totals expenses, along with documentation supporting listed expenses not covered by insurance, Health Savings Account, or Flexible Spending Account. Tax returns or tax return transcripts for the year that the medical expense occurred.

4. Private tuition that parent(s) paid for a sibling during the 2022-23 academic year

Required Documentation: Proof of payments, such as a detailed statement of accounts from that elementary and secondary school (preferred on their letter head).

5. Other –

Required Documentation: Please explain in a signed and dated statement detailing the circumstances that is leading to this request and submit any documentation supporting those circumstances.

Upon receipt of all required documentation, appeals will be reviewed by the Financial Aid Office to determine if the circumstances comply with the Department of Education's regulations governing special circumstances appeals. During peak processing times, please allow 4 - 6 weeks for processing.

By signing this form,

- I give permission to the Financial Aid Office to verify any information that I provide on this form. I understand that this verification may include a request for my tax documents and additional documentation if needed.
- I certify that all of the information provided on this form is correct to the best of my knowledge.
- I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.
- I understand that reporting a Special Circumstance **does not guarantee** a recalculation of my EFC and/or an increase in financial aid funding.

Student's Signature _____

Date _____

Spouse's Signature _____

Date _____

2023-2024 Verification Worksheet

Independent Student – Tracking Group V1

Your 2023–2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the MATC financial aid office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences between your FAFSA application information and this worksheet and/or documents you submitted, MATC will send corrections electronically to the federal processing center to have your application reprocessed. The MATC financial aid office may ask for additional information.

A. INDEPENDENT STUDENT’S INFORMATION (Please print)

Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s ID Number
Student’s Street Address (include apt. no.)			Student’s Date of Birth
City	State	Zip Code	Email Address
Student’s Home Phone Number (include area code)			Student’s Alternate or Cell Phone Number

B. FAMILY INFORMATION

Number of Household Members: List below **ALL** of the people in your (the student’s) household for whom you provide more than half their support. Include:

1. **Yourself.**
2. **Your spouse** (unless you are legally separated and your spouse lives at another address).
3. **Your dependent children** if you provide more than half of their support and will continue to provide half of their support from July 1, 2023, through June 30, 2024.

Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, and include the name of the college.

NOTE: You may be asked to provide additional documentation if we have reason to believe that the information regarding the household members is inaccurate.

Full Name of Everyone in the Household	Age	Relationship to Student	College Planning to Attend in 2023-24
		SELF	Milwaukee Area Technical College

If there are additional household members, add them on a separate sheet of paper and submit along with this worksheet.

Printed Student Name _____

Student ID Number _____

C. STUDENT (& SPOUSE, IF MARRIED) INCOME INFORMATION:

Check one below and then complete the grid below even if the amount is zero dollars:

- Check here if you and/or your spouse filed 2021 taxes and used the IRS Data Retrieval Tool to complete the FAFSA, and if you did not make changes to the FAFSA fields after the retrieval tool was used.
- Check here if you and/or your spouse filed 2021 taxes and have attached a Federal Tax Return Transcript (and a signed copy of the 1040X if amendments were made after filing).
- Check here if you and/or your spouse will not file and are not required to file a 2021 Federal Tax Return. In the table below, list your employer(s) as well as any income received in 2021. **If you did not file taxes for 2021, you MUST submit your 2021 Wage/Income Transcript, which you may request from the IRS.**

IRS Tax Transcripts, Letters of Non-filing, and Wage & Income Transcripts may be requested at <https://www.irs.gov/individuals/get-transcript> or by phone at 1-800-908-9946. The Milwaukee IRS Office is located at 211 West Wisconsin Ave. To schedule an appointment, please call 1-844-545-5640.

Employer's Name	2020 Amount Earned	IRS W-2s Attached (Y/N)

D. STUDENT MUST SIGN THIS WORKSHEET

The student by signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date. (Electronic Signatures are not acceptable.)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

Student's Signature

Date