

Financial Aid Offices:

50 Oakland Street, Wellesley Hills, MA 02481
Phone (781) 239-2600
Fax (781) 239-2607

19 Flagg Drive, Framingham, MA 01702
Phone (508) 270-4010
Fax (508) 872-4067

Email: finaid@massbay.edu

Request for Special Circumstance Review 2017-2018 Academic Year

This form may not be submitted until after July 1, 2017

Student's Name: _____ MassBay ID#: _____

Parent's Name (if applicable): _____

1. Will your income and/or your spouse's or parents' income be less in 2017 than in 2016?

☐

Yes

☐

No

2. Please check the appropriate reason and explain below, and report the date the change took place. **DATE:** _____

Check	
	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:

- Please explain your special circumstances in detail in a separate *typed* letter.
- **2016** Federal Tax Return Transcripts for tax filers or a signed copy of the Form 1040, 1040A or 1040EZ.
- 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.)

Anticipated Income for 01/01/2017 to 12/31/2017	<u>Actual</u> 01/01/17 -Today	<u>Estimated</u> Today -12/31/17	<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 2017			

Do not leave blanks! If it is zero, please write zero. 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.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

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