



FOR OFFICE USE ONLY

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

## SPECIAL CIRCUMSTANCES 2024-2025

If financial circumstances regarding you and/or your family have changed significantly since you have submitted the 2024-2025 Free Application for Federal Student Aid (FAFSA), please provide the following information and supporting documentation. The submission of this form is a request for the Office of Financial Aid to review special conditions of loss/reduction in income, change in marital status, death of a spouse/parent, unusual medical expenses, or other unforeseen circumstances. Any adjustment made to your financial aid eligibility must meet Federal Compliance Audit guidelines.

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

### What you should submit with this form:

- A written detailed statement on a separate page, clearly explain the circumstance(s) that resulted in a loss of family income from the 2023 tax year to the 2022 tax year.
- IRS Data Retrieval Tool, copy of 2022 Tax Return Transcript(s), or signed 1040 tax forms for student and parent(s), or student and spouse (if married),
- Copy of all 2022 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married),
- Additional documentation, as indicated below, for the special circumstance(s),
- 2024-2025 Verification worksheet
- Mail or fax the completed form and supporting documents to:  
MDCC Financial Aid Office  
PO Box 668  
Moorhead, MS 38761  
Fax: (662) 246-6328

### I. Check the appropriate condition under which you are requesting a re-evaluation for additional documentation requirements:

- \_\_\_\_ **Reduced Income Due to Loss of Employment or Changes in Employment State**  
Student/spouse/parent(s)'s income earned from work in 2023 will be significantly less than income earned from work in 2022 due to layoff, termination, reduced hours, or reduced wages.  
**Additional Documentation:**  
\_\_\_\_ Termination/Change of Status notice from employer(s) pm letterhead (as applicable).  
\_\_\_\_ Copy of last pay stub from employer(s) showing year to date earnings,  
\_\_\_\_ Copy of documentation to verify year-to-date unemployment benefits and severance pay (if applicable).
- \_\_\_\_ **Unusual Medical/Dental Expenses**  
Student and spouse, or parent(s) of dependent student paid medical/dental expenses that were not claimed as a tax deduction on the 2021 Federal Income Tax Return and exceed 15% of the 2022 Adjusted Gross Income (AGI).  
**Additional Documentation:**  
\_\_\_\_ Billing and/or insurance statements to verify expenses that were not covered by insurance,  
\_\_\_\_ Proof of payments for expenses that were not reimbursed in 2022.

\_\_\_\_ **Other (i.e. Loss of Child Support, Private School Tuition, Retirement)**

**Additional Documentation:**

- \_\_\_\_ Letter from Department of Human Services (DHS) stating child support has been ended,
- \_\_\_\_ Proof of payments/tuition statement from private school for each child attending for 2022,
- \_\_\_\_ Letter from of separation from employer, copy of last pay stub, and statement of retirement benefits.

**II. Student Certification**

**IMPORTANT: Please read carefully before signing. This is considered a legal statement of certification for authenticity and intent purposes.**

I hereby certify that all information contained in or attached to this request for re-evaluation status, including my personal statement and other documentation, is true and correct to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documents. I understand this application is being filed jointly by all applicable signatories. I further affirm that I understand that if I receive Federal student aid based on incorrect information, I will be required to repay these funds and that I may also be assessed penalties and fees.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**NOTE: Do not forget to attach appropriate documentation.  
This request will not be considered if all information is not fully completed and/or attached.**

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Steven J. Jones, Vice President of Administrative Services, Tanner Hall, Suite 202, P. O. Box 668, Moorhead, MS 38761, 662-246-6304; EEOC@msdelta.edu.