



**Mount Wachusett
Community College**

444 Green Street, Gardner, MA 01440-1000

Financial Aid Office (978)630-9169

**CHANGE IN FAMILY CIRCUMSTANCES
Special Circumstances
2009-2010**

STUDENT NAME (PRINT): _____ ID or SS#: _____

ADDRESS: _____
Street City State Zip

Your eligibility for federal financial aid was based upon you and your family's 2008 income and asset information. If your financial status has changed due to extenuating circumstances, please complete the following information for further review.

Please check the appropriate section(s) below which describe your special circumstances:

- _____ A reduction in student or parent income will occur in 2009 due to a loss of job or reduction in hours (do not include loss or reduction of uncontrollable overtime).
- _____ A loss of a benefit such as social security, child support, unemployment compensation, disability income or other will occur in 2009.
- _____ Student separated/divorced or a parent separated/divorced since the aid application was filed. Provide only the income information for the custodial parent.
- _____ Student or parent(s) have paid excessive medical expenses in 2008 or paid private tuition. Attach a separate statement with supporting documentation.
- _____ Other - Please list: _____

Please provide a written letter of explanation detailing the special circumstance(s), signed by the student and the parent (if applicable). Be sure to include dates and amounts. The more information you can provide the easier it will be for the Financial Aid Office to consider a change in financial aid information. **A copy of the students and/or parents (if applicable) 2008 income tax forms must accompany the letter and this form.**

Please project to the best of your ability you and your family's 2009 income and benefits received or to be received (January 1, 2009 - December 31, 2009). **This form will not be processed without supporting documentation (ie. pay stubs, tax return, etc).**

	PARENT(S) - 2009	STUDENT/SPOUSE - 2009
Income Earned from Work:	_____	_____
Other Taxable Income:	_____	_____
TANF/welfare:	_____	_____
Child support/Alimony:	_____	_____
Unemployment benefits:	_____	_____
Other Untaxed income/benefits:	_____	_____
Severance Payments:	_____	_____
Child support to be paid:	_____	_____
Other: _____	_____	_____

I (we) hereby certify that the information listed above is true and accurate to the best of my (our) knowledge. If asked by the Financial Aid Office, I agree to submit additional proof of the information that I have given on this form. I (we), also, realize that if I do not submit documentation when asked, this request will not be considered. I (we) will contact financial aid if any of the above information changes.

Student's Signature

Date

Parent(s) Signature (If applicable)

Date