



Office of Financial Aid
 26000 SE Stark St, Gresham OR 97030
FinAid.Mail@mhcc.edu
 Phone: 503.491.7262
 Fax: 503.491.7379

2020-2021 Special Circumstances Appeal

Student Name: _____ **MHCC ID Number:** _____

This appeal may be submitted to request a review of your financial aid eligibility due to changes in your circumstances as described in the categories below. If you are requesting an adjustment due to changes in employment or unemployment income, you must submit a [Change in Employment Appeal](#) form.

Only submit this form if:

- You have already completed the 2020-21 FAFSA
- You have completed and/or submitted any additional information requested by the Office of Financial Aid
- You have NOT already filed this appeal for the 2020-21 year. ****Only one appeal may be submitted per award year****

IMPORTANT: Complete all sections of this appeal and attach required documentation. Incomplete appeals will not be reviewed. Submission of this appeal does not ensure a change or increase to your award. Appeals are reviewed regularly and a Financial Aid Advisor will notify you of the result. Please allow up to four weeks for review and processing of this appeal, and be sure to check [MyMHCC](#) for any additional information requests or needed documents.

A. INDIVIDUAL REQUESTING APPEAL (check one)

- Parent Special Circumstance Student/Spouse Special Circumstance

B. APPEAL CATEGORIES & REQUIRED DOCUMENTATION (Check all that apply)

- A typed or handwritten letter of explanation (signed and dated) is required for every appeal category.**
- One-Time Income:** *You, your spouse, or parent(s) received a one-time income (other than wages) in 2018 and did not or will not receive that income in calendar year 2019 or 2020 (e.g. 401k rollover, inheritance or gift, etc.).*
 - Documentation of retirement funding rollovers (if applicable)
 - Any other applicable documentation: _____
- Loss or Reduction of Benefits:** *You, your spouse, or parent(s) received income (other than wages) or benefits in 2018 and had a loss or reduction of that income/benefit in calendar year 2019 or 2020 (e.g. child support, disability, etc.).*
 - Documentation from benefit agency indicating date of termination and a summary of benefits received
 - Any other applicable documentation: _____
- Marriage / Divorce / Separation / Death:** *After filing the FAFSA, you or your parent(s) have married, separated, or divorced, OR a spouse or parent has died.*
 - ALL Categories:* Provide copies of 2018 tax return(s) and W-2(s) for both parties on tax return
 - Marriage:* Provide copy of marriage certificate
 - Legal Divorce/Separation:* Provide copy of legal divorce decree or separation documents
 - Non-legal Separation:* Provide proof of separate residences (i.e. bills, rental agreements, IDs, etc.)
 - Death:* Provide copy of death certificate, obituary, or funeral program; include explanation of student's relationship to the deceased.
- Unusual Debt or Expenses:** *You, your spouse, or your parent(s) incurred unusual debt or expenses in calendar year 2019 and/or 2020 that has created financial hardship (e.g. medical, dental, legal, dependent care, etc.)*
 - Provide copies of documentation to verify incurred expense or debt (e.g. bills, receipts, insurance or legal documentation)
- Other:** *You, your spouse, or your parent(s) has a situation not described in one of the above categories that you would like to have reviewed by the Office of Financial Aid.*
 - Any other applicable and supporting documentation

[COMPLETE SIGNATURE ON NEXT PAGE]

I certify that all information reported in this appeal and accompanying documentation is complete and accurate to the best of my knowledge and ability. I understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state or institutional financial aid. I also agree to provide additional documentation of the information provided, if requested by the Office of Financial Aid.

Student Signature

Date