Mount Wachusett Community College
444 Green Street, Gardner, MA 01440-1000

CHANGE IN FAMILY CIRCUMSTANCES
Special Circumstances
2011-2012
INDEPENDENT STUDENT

Financial Aid Office (978)630-9169

STUDENT NAME (PRINT):_____ ID #: _____

ADDRESS:_____
Street City State Zip

Your eligibility for federal financial aid was based upon your 2010 income and asset information. If your finances have changed due to extenuating circumstances, please complete the following information.

A copy of your 2010 income tax forms must be attached to this form.

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

____ A reduction in your or your spouse's income will occur in 2011 due to a loss of job or reduction in hours (do not include loss or reduction of uncontrollable overtime).
____ A loss of benefits such as child support, unemployment compensation, or disability income will occur in 2011.
____ You have separated/divorced since the aid application was filed. Provide only your income information.
____ You paid excessive medical expenses in 2010. Attach a separate statement with supporting documentation
____ You paid private elementary or secondary school tuition.
____ Other – Please list: _____

Please provide a signed written letter of explanation detailing the special circumstance(s). 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.

Please project to the best of your ability your 2011 income and benefits received and/or to be received (January 1, 2011 – December 31, 2011). **This form will not be processed without supporting documentation (ie. pay stubs, tax returns, W2s etc).**

	STUDENT – 2011 Yearly Amount	SPOUSE – 2011 Yearly Amount
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.

_____ _____
Student's Signature Date