DELAWARE TECHNICAL COMMUNITY COLLEGE

2021-2022 REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES
INCOME REDUCTION

Name _____ Student ID_____

The Financial Aid Office at Delaware Technical Community College realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible need for additional funding as a result of these unusual circumstances or expenses.

Please check all conditions that apply and submit ALL necessary documentation for each condition.

Circumstances affect: _____**Parent of dependent student** **OR** _____ **Independent Student**

IMPORTANT. The financial aid administrator's decision is final and cannot be appealed to the U.S. Department of Education.

CONDITION	DOCUMENTATION REQUIRED
___1. Widowed, divorced, or separated since completing your 2021-22 FAFSA.	1. Letter of explanation, including date of marital change. 2. Copy of divorce decree/separation papers (if available) or copy of death certificate. 3. 2019 Federal Tax Return Transcript and all 2019 W2's. 4. 2020 Federal Tax Return and all 2020 W2's. 5. Documentation of all 2020 untaxed income.
___2. Reduction in or loss of income or benefit (For example: Loss of income due to unemployment, retirement, illness, or job change or loss of benefits such as: unemployment compensation, child support	1. Letter of explanation with documented proof of situation. 2. 2019 Federal Tax Return Transcript and all 2019 W2's. 3. 2020 Federal Tax Return and all 2020 W2's. 4. Documentation of all 2020 untaxed income.
___3. **PAID** Extraordinary medical expenses NOT covered by insurance in 2020.	1. Letter of explanation. 2. Copies of paid receipts or copies of cancelled checks (NOT BILLS). Do not include payments made by insurance or by a third party.
___4 Other	1. Submit a detailed letter explaining the situation and provide necessary documentation.

The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify the Financial Aid Office of any error or omission in the above information, or of any further circumstance, which affects the accuracy of the provided information. I understand that failure to comply with this agreement can result in forfeiture of financial aid eligibility of the student.

_____ _____
Student Signature Date Parent Signature Date

Submit the completed form and documentation to the Financial Aid Office:

Owens Campus
21179 College Drive
Georgetown, DE 19947
Fax: 302-259-6781

Terry Campus
100 Campus Drive
Dover, DE 19904
Fax: 302-857-1093

Stanton and Wilmington Campuses
300 N. Orange St, Room E103
Wilmington, DE 19801
Fax: 302-434-5567