



Financial Aid Office 300 Spirit River Dr. S Cambridge, MN 55008	OR	Financial Aid Office 11200 Mississippi Blvd. NW Coon Rapids, MN 55433
Fax# 763-433-1501 financialaid@anokaramsey.edu		

2021-2022 Petition for Consideration of Special Circumstances

Name _____

Stu.ID _____

Deadline for submission of Income Review of Special Circumstance applications must be received within the semester the student is enrolled at ARCC, and no later than two weeks from the end of the enrolled semester.

THE STUDENT MUST COMPLETE AND SUBMIT this signed document, complete the Projected 2021 Income Chart, along with the Requested Documentation as detailed below:

<p><input type="checkbox"/> Change of Income. (Please circle which year change occurred in and submit the required documents for that year).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"> <p>2020</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from you (spouse/parents if applicable) addressing and comprehensively describing the situation. 2019 Federal Tax Return Transcript, all 2020 W-2's Complete the Untaxed Income Chart. </td> <td style="text-align: center; width: 50%;"> <p>2021</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from you (spouse/parents if applicable) addressing and comprehensively describing the situation. Last three 2021 pay stubs. </td> </tr> </table>	<p>2020</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from you (spouse/parents if applicable) addressing and comprehensively describing the situation. 2019 Federal Tax Return Transcript, all 2020 W-2's Complete the Untaxed Income Chart. 	<p>2021</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from you (spouse/parents if applicable) addressing and comprehensively describing the situation. Last three 2021 pay stubs. 	<p><input type="checkbox"/> Lay Off (Please do not submit appeal if receiving unemployment benefits until after 10 weeks).</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from you (spouse/parents if applicable) addressing and comprehensively describing the situation. Letter from employer indicating effective date and any severance benefits. Statement from Unemployment Office outlining benefits. Final pay stub from laid off position. Three most recent pay stubs of all other current positions (spouse/other parent if applicable).
<p>2020</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from you (spouse/parents if applicable) addressing and comprehensively describing the situation. 2019 Federal Tax Return Transcript, all 2020 W-2's Complete the Untaxed Income Chart. 	<p>2021</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from you (spouse/parents if applicable) addressing and comprehensively describing the situation. Last three 2021 pay stubs. 		
<p><input type="checkbox"/> Major Medical or Dental Expenses NOT Covered by Insurance.</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from you (spouse/parents if applicable) addressing and comprehensively describing the situation. Proof of your expenses paid such as your tax return itemized medical or dental deductions page or receipts of payments made. 	<p><input type="checkbox"/> Retirement</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from employer documenting retirement date and benefits received. Final pay stub for retiree. Last three pay stubs for parent/spouse who is still working. 		
<p><input type="checkbox"/> Separation, Divorce, or Death. Since filing the FAFSA, you (parents if applicable) have become separated or divorced, or a spouse (parents if applicable) has died.</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from you (spouse/parents if applicable) addressing and comprehensively describing the situation. Legal separation papers, divorce decree, or death certificate. Federal Tax Return Transcript and all W-2's for the year separation, divorce or death occurred. 	<p><input type="checkbox"/> Other Unusual Circumstances</p> <p><u>Requested Documentation:</u></p> <ul style="list-style-type: none"> Letter from you (spouse/parents if applicable) addressing and comprehensively describing the situation. Sufficient and appropriate supporting documentation. 		

Student (and spouse)	<p style="text-align: center;">Untaxed Income Chart Calendar Year 2021</p> <p style="text-align: center;">Do not leave any box blank. If the answer is zero, enter \$0.</p>	Parent(s)
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D,E,F,G,H,and S	\$
\$	Child support RECEIVED for all children. Don't include foster care or adoption payments.	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)	\$
\$	Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	\$
\$	Any other untaxed income or benefits not reported elsewhere	\$
\$	Money received , or <u>paid for you on your behalf</u> (e.g., bills), not reported elsewhere on this form	\$
\$	Child support PAID because of divorce or separation or as a result of a legal requirement.	\$

Projected 2021 Income Chart - Please include the total amounts that you and your parents/spouse have received/earned and expect to receive/earn in 2021. (FULL YEAR TOTALS). Do not leave items blank; enter "0" where appropriate.

	Student	Parents/Spouse
Taxable Wages	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____
IRA/Pension Distribution	\$ _____	\$ _____
Disability Income	\$ _____	\$ _____
Interest and Dividend Income	\$ _____	\$ _____
Food/Housing/Living allowance	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Other income (list source): _____	\$ _____	\$ _____

***** The review of your appeal will be delayed if ALL documentation has not been received. Additional documents may be requested upon initial review of appeal.*****

I certify that all of the information stated in the letters attached concerning my request for a status change is true and complete.

Signature (student)

Date

Parent's Signature (if dependent student)

Date

OFFICE USE ONLY

Approved: _____

If approved, your revised award letter will soon be available online through My Financial Account at www.AnokaRamsey.edu. You will need your StarID and password. Award Letters are not mailed. Please Note: Eligibility for additional grant aid can reduce student loan funds. The review of your appeal will be delayed if ALL documentation has not been received.***

EFC w/ Verification _____ EFC w/ Petition _____

Pending/Denied: _____

Financial Aid Administrator

Date