

2017/2018 Income Reduction Request Independent Student

The MGCCC Financial Aid Office recognizes that some students may experience special circumstances that cause a substantial reduction in their income which may impact their ability to contribute to college costs. Students may use this form to report changes that have occurred since filing their 2015 tax returns. The submission of this form means that MGCCC will evaluate your circumstances, but it does not guarantee an increase in your financial aid award. You may complete this form only one time per academic year. Changes to your financial aid award will be communicated through your MGCCC e-mail account and Web Services.

Complete this form **ONLY** if your family's income is **SUBSTANTIALLY LOWER** in 2016 than it was in 2015.

Stud	dent's Name	GCID (M#)	
Step (One – Identify and Document Special Circums	tance	
Instru	uctions:		
	e check the box(es) that best applies to your si for your request to be considered, you must s		
	Death of Spouse		
(Submit a detailed letter outlining your situa income. 	tion and its impact on your household's	2016

- Submit a copy of the death certificate or equivalent.
- Submit a copy of your and your spouse's 2016 Federal Tax Return Transcripts (if submitting request after December 2016).

Marital Separation, Pending Divorce, or Divorce

- o For your request to be considered, the student and (former) spouse must live in separate residences.
- Submit a detailed letter outlining your situation and its impact on your household's 2016 income.
- Submit documentation of separation (attorney's letter, counselor's letter, or documentation of separate residences) or divorce decree.
- Attach documentation to support all income listed (W2s, last pay stub, unemployment compensation, etc.).
- Submit a copy of your and your spouse's 2016 Federal Tax Return Transcripts (if submitting request after December 2016).

Separation from Work Due to Layoff or Termination

- o For your request to be considered, the length of unemployment must be substantial.
- Submit a detailed letter outlining your situation and its impact on your household's 2016 income.
- Submit documentation of layoff or termination from former employer or the unemployment office. Letter from former employers must be on company letterhead and should list the date of layoff or termination.
- Attach documentation to support all income listed (last pay stub, unemployment compensation, severance pay, etc.).
- Submit a copy of your and your spouse's 2016 Federal Tax Return Transcripts (if submitting request after December 2016).

☐ Change in Job Status (Reduction of Work Hours, Retirement, Permanent Disability, etc.)

- Submit a detailed letter outlining your situation and its impact on your household's 2016 income.
- Submit documentation of job change status from your employer. The letter from your employer must be on company letterhead and should list the date your reduction of hours occurred.
- Attach documentation to support all income listed (last pay stub, unemployment compensation, severance pay, etc.).
- Submit a copy of your and your spouse's 2016 Federal Tax Return Transcripts (if submitting request after December 2016).

☐ Reduction or Loss of Benefits or Non-Recurring Income

- For your request to be considered, these benefits must have been received for 2016 but have been reduced or lost for 2016.
- Submit a detailed letter outlining your situation and its impact on your household's 2016 income. The letter should outline the reduction or termination of benefits and indicate the date the reduction or termination occurred. If the benefit was one-time or non-recurring, please include verification of how the funds were spent or invested.
- Submit documentation of loss of benefits.
- Submit a copy of your and your spouse's 2016 Federal Tax Return Transcripts (if submitting request after December 2016).

Step 2 - Verification

If you have not done so, submit a copy of the 2017/2018 Independent Verification and a copy of your and your spouse's 2015 Tax Return Transcripts.

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Step 3 - Actual 2016 Income

Instructions:

Please fill out the chart below. Enter the estimated income for yourself and your spouse from the sources listed below. If an income item does not apply to you, enter "n/a" in the appropriate space. If the change in income is not documented, it will not be taken into consideration for your Income Reduction Request.

Type of Income	Student's 2016 Amount	Spouse's 2016 Amount
Money Earned from Work	\$	\$
Retirement Benefits	\$	\$
Disability Benefits	\$	\$
Unemployment Benefits	\$	\$
Social Security Benefits	\$	\$
Alimony	\$	\$
Child Support Received	\$	\$
Business/Farm/Rental Income	\$	\$
Other Untaxed Income (Please list)	\$	\$

I certify that all of the information on this request and included documentation is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information as part of this request that I may be subject to a \$20,000 fine, a prison sentence, or both.

Student Signature		Date	
For Office Use Only			
APPROVE	☐ DENY		
Comments:			
Directors Signature		Date	

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, religion, color, national origin, sex, age or qualified disability in its programs and activities. For further information, contact the Equal Employment Opportunity Officer at a Mississippi Gulf Coast Community College Campus, Center or the District Office. Compliance is coordinated by the Associate Vice President of Administration, P.O. Box 609, Perkinston, Mississippi 39573, telephone number 601-928-6672, email address compliance@mgccc.edu.