



**MINNEAPOLIS**  
COMMUNITY & TECHNICAL  
COLLEGE™

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## 2021-2022 Request for Financial Aid Review

**Student Last Name:**

**Student First Name:**

**Tech ID:**

Special Circumstances are situations beyond an individual's control that affect income reported on the 2021-2022 FAFSA. Below are listed the situations for which adjustments to your financial aid application may be possible.

### Section A.

**PLEASE INDICATE THE SITUATION(S) THAT APPLIES AND SUBMIT WITH DOCUMENTATION ATTACHED.**

1. Your or your spouse's (or parent(s) if dependent) 2020 income has **substantially** decreased from the 2019 income as result of a loss or change in employment due to extenuating circumstances for a period of 10 weeks or longer during 2020.

**Documents required:**

- A personal statement explaining your situation and extenuating circumstances.
- For loss of income, complete **Section B** on page 2.
- Letter or document from previous employer on company/organization letterhead indicating dates of employment.
- Copy of signed 2020 taxes (1040)

2. You or your spouse (or parent(s) if dependent) has had a loss or reduction in an untaxed income or benefit which had been received in 2019.

**Documents required:**

- A personal statement explaining your situation.
- Complete **Section B** on page 2.
- Letter or document from the agency/organization from which the benefit was received indicating the last date the benefit was receive or reduced.
- In the case of the loss of child support, a copy of the divorce decree is required.
- Copy of signed 2020 taxes (1040)
- Copy of 2019 1099 showing distribution
- **Total amount of untaxed income received for 2020:** **Type:**
- **Date benefit stopped:**

3. **Other:** Personal Statement and supporting documentation required.



**MINNESOTA STATE**

**Minneapolis Community and Technical College**  
A member of Minnesota State

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Minneapolis, MN 55403  
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## Section B. 2020 INCOME

Please list the total yearly (not monthly) income figures for each applicable individual/couple below for the calendar year 2020. (If not required to report parent information on FAFSA, ignore parent sections.) All income entries must have corresponding documentation attached. (do not include financial aid or wages earned through work-study employment)

### Student

#### Student First and Last Name:

- |   |   |
|---|---|
| A. Income - <b>2019</b> :                               | B. Income - <b>2020</b> :                               |
| C. Disability Benefit (other than SSI) - <b>2019</b> :  | D. Disability Benefit (other than SSI) - <b>2020</b> :  |
| E. Child Support Received - <b>2019</b> :               | F. Child Support Received - <b>2020</b> :               |
| G. Workers Compensation - <b>2019</b> :                 | H. Workers Compensation - <b>2020</b> :                 |
| I. Cash received or paid on your behalf - <b>2019</b> : | J. Cash received or paid on your behalf - <b>2020</b> : |
| K. Any other income not reported above - <b>2019</b> :  | L. Any other income not reported above - <b>2020</b> :  |

#### Spouse First and Last Name (if applicable):

- |   |   |
|---|---|
| A. Income - <b>2019</b> :                               | B. Income - <b>2020</b> :                               |
| C. Disability Benefit (other than SSI) - <b>2019</b> :  | D. Disability Benefit (other than SSI) - <b>2020</b> :  |
| E. Child Support Received - <b>2019</b> :               | F. Child Support Received - <b>2020</b> :               |
| G. Workers Compensation - <b>2019</b> :                 | H. Workers Compensation - <b>2020</b> :                 |
| I. Cash received or paid on your behalf - <b>2019</b> : | J. Cash received or paid on your behalf - <b>2020</b> : |
| K. Any other income not reported above - <b>2019</b> :  | L. Any other income not reported above - <b>2020</b> :  |

### Parent (if student is dependent)

#### Parent 1: First and Last Name:

- |   |   |
|---|---|
| A. Income - <b>2019</b> :                               | B. Income - <b>2020</b> :                               |
| C. Disability Benefit (other than SSI) - <b>2019</b> :  | D. Disability Benefit (other than SSI) - <b>2020</b> :  |
| E. Child Support Received - <b>2019</b> :               | F. Child Support Received - <b>2020</b> :               |
| G. Workers Compensation - <b>2019</b> :                 | H. Workers Compensation - <b>2020</b> :                 |
| I. Cash received or paid on your behalf - <b>2019</b> : | J. Cash received or paid on your behalf - <b>2020</b> : |
| K. Any other income not reported above - <b>2019</b> :  | L. Any other income not reported above - <b>2020</b> :  |

#### Parent 2: First and Last Name:

- |   |   |
|---|---|
| A. Income - <b>2019</b> :                               | B. Income - <b>2020</b> :                               |
| C. Disability Benefit (other than SSI) - <b>2019</b> :  | D. Disability Benefit (other than SSI) - <b>2020</b> :  |
| E. Child Support Received - <b>2019</b> :               | F. Child Support Received - <b>2020</b> :               |
| G. Workers Compensation - <b>2019</b> :                 | H. Workers Compensation - <b>2020</b> :                 |
| I. Cash received or paid on your behalf - <b>2019</b> : | J. Cash received or paid on your behalf - <b>2020</b> : |
| K. Any other income not reported above - <b>2019</b> :  | L. Any other income not reported above - <b>2020</b> :  |

I/We affirm that all required documentation is attached, and the data contained on this form is true and complete to the best of my/our knowledge.

**Student Signature:**

**Date:**

**Parent Signature (if applicable):**

**Date:**