



# MADISON COLLEGE FINANCIAL AID

## Unusual Circumstances - Student

**INSTRUCTIONS** - We have reviewed your request regarding unusual circumstances and additional information is required. We must receive all documentation prior to the end of your last semester of enrollment for the 2019-2020 school year. If more than one form is required (i.e., both Parent and Student forms), be sure to complete and submit each item to prevent a delay in the processing of your financial aid. Attach an additional sheet if necessary. **You are required to submit supporting documentation for either 2018 or 2019 to show the change in income** which may include a 2018 [Tax Return Transcript](#), 2019 pay stubs, unemployment summary, Social Security Summary, Disability Benefit, FoodShare, and/or BadgerCare Summary, employment letters, etc.

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID \_\_\_\_\_

### EXPLANATION

You estimated your 2018 or 2019 (**indicate which year in your explanation**) income to be significantly different than your 2017 income. Provide a brief explanation of why your income has decreased. **Please be specific.**

What was/will be the effective date of your income change? \_\_\_\_\_

### INCOME INFORMATION

Calculate and itemize all amounts and sources of income received to date for 2018 or 2019. Enter zero (0) if a question does not apply or if the correct answer is "none". **Do not leave any items blank.**

2018 or 2019 Taxable Income Earned to Date	Amount
Gross wages, salaries, tips (student)	\$
Gross wages, salaries, tips (spouse)	\$
Interest income	\$
Dividend income	\$
<b>Other 2018 or 2019 Taxable Income Earned to Date</b> (e.g., unemployment compensation, capital gains, pensions, annuities, alimony, rents, royalties, partnerships, estates, trusts, etc.):	
Type of income:	\$
Type of income:	\$
Type of income:	\$
<b>2018 or 2019 Non-Taxable Income Earned to Date</b>	
Social Security (including SSI)	\$
Pensions	\$
Welfare benefits (general relief, etc.)	\$
Child support received	\$
IRA/Keough/401(k), 403(b) plan payments. Specify type:	\$
<b>2018 or 2019 Non-Taxable Income Earned to Date</b>	
Type of income:	\$
Type of income:	\$
Type of income:	\$

**ASSET INFORMATION**

Calculate and itemize all amounts and sources of income received to date for 2018 or 2019. Enter zero (0) if a question does not apply or if the correct answer is "none". **Do not leave any items blank.**

<b>2018 or 2019 Assets</b>		<b>Amount</b>
Cash, savings and checking accounts		\$
<b>Other 2018 or 2019 Assets</b>	<b>Amount asset is worth</b>	<b>Amount owed on asset</b>
Real estate (other than home)	\$	\$
Investments	\$	\$

**CHILD SUPPORT PAID**

If you/your spouse paid child support in 2018 or 2019, provide information requested below and attach child support agency statement(s).

Child Support Paid	Amount Paid to Date in 2018 or 2019	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid
You	\$		
Your spouse	\$		

**UNEMPLOYMENT INFORMATION**

If you and/or your spouse are/were unemployed in 2018 or 2019, complete the following table and attach 2018 or 2019 Unemployment Compensation statement or form(s) 1099-G.

Dates Unemployed to Date	From (mm/dd/yy)	To (mm/dd/yy)	From (mm/dd/yy)	To (mm/dd/yy)
You				
Your spouse				

**FAMILY INFORMATION**

List the people in **your household** (if you need more space, attach a separate page). Please include:

- Yourself, and your spouse if you have one, and
- Your children, if you will provide more than half of their support from July 1, 2019 through June 30, 2020, and
- Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.
- The name of the college for any household member who will be attending college at least half time between July 1, 2019 through June 30, 2020, and will be enrolled in a degree, diploma or certificate program.

Full Name	Age	Relationship	College
Student's name:		Self	Madison College
Spouse's name:		Spouse	
Child/Other:			
Child/Other:			
Child/Other:			
Child/Other:			

**SIGNATURE & AGREEMENT**

*By signing, I certify that the information provided above is true, correct and complete to the best of my knowledge. I understand that my financial aid eligibility will be determined based on this information. Attached are copies of documentation showing my (and/or my spouse's) current income. I understand I must submit sufficient documentation before processing can continue.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Electronic signatures are not accepted.\*

**SUBMISSION INSTRUCTIONS**

Please sign and submit your completed form in **one** of the following ways:

- Email: [financialaid@madisoncollege.edu](mailto:financialaid@madisoncollege.edu)
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus