

Financial Aid Office 734-973-3523, fax 734-677-5281  
 Email: [finaid@wccnet.edu](mailto:finaid@wccnet.edu)

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

This form is used to report household/income changes that have occurred since filing the 2008-2009 Free Application for Federal Student Aid (FAFSA). You must provide all requested documentation. If clarification of your situation is necessary, additional information or documentation may be required.

**Please note: There is no guarantee a special consideration will result in either an increase in financial aid or an offer of different types of financial aid.**

- ◆ The last day to submit a Special Consideration form for the 2008-2009 aid year is June 30, 2009.
- ◆ The following situations cannot be considered for a Special Consideration:
  - ◆ High consumer debt, including credit cards
  - ◆ Home mortgage expenses and car payments
  - ◆ Bankruptcy

<b>Independent Student</b>	<b>Dependent Student</b>
<input type="checkbox"/> A 2008-2009 Independent Verification Worksheet.	<input type="checkbox"/> A 2008-2009 Dependent Verification Worksheet.
<input type="checkbox"/> A copy of <u>your (and spouse's, if married) signed</u> Federal Income Tax Return for 2007.	<input type="checkbox"/> A copy of <u>your and your parent's signed</u> Federal Income Tax Return for 2007.
<input type="checkbox"/> The Estimate of Gross Income Worksheet with supporting documentation (on back of form).	<input type="checkbox"/> The Estimate of Gross Income Worksheet, with supporting documentation (on back of form).

**Documentation required:**

**A letter detailing:**

- The date and circumstances regarding the loss/reduction of income and/or separation/death.
- Work history for all household members in 2008 including start and end dates for each job.
- An explanation on how you were/are being supported financially during gaps in employment.

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**Additional documentation required:**

<input type="checkbox"/> <b>Loss of employment</b> Effective Date: ___/___/___	<input type="checkbox"/> A letter of separation from employer(s).  <input type="checkbox"/> Copy of Unemployment Benefits or Statement of Ineligibility ( <a href="http://www.michigan.gov/uia">www.michigan.gov/uia</a> ).  <input type="checkbox"/> A copy of the last pay stubs for 2008 for all household members. <b>**After Feb 1, 2009 a signed copy of the <u>2008 1040</u> will be required.</b>
<input type="checkbox"/> <b>Divorce or Separation</b> Effective Date: ___/___/___	<input type="checkbox"/> A copy of the divorce decree/separation papers and/or evidence of separate living accommodations.  <input type="checkbox"/> A copy of your 2007 W2's.
<input type="checkbox"/> <b>Loss of other income</b> Effective Date: ___/___/___	<input type="checkbox"/> Statement of loss of benefits (i.e. social security 1099).
<input type="checkbox"/> <b>Death</b> Date of Death: ___/___/___	<input type="checkbox"/> Photocopy of death certificate.  <input type="checkbox"/> A copy of the last pay stubs for 2008 for all household members. <b>**After Feb 1, 2009 a signed copy of the <u>2008 1040</u> will be required.</b>

# Estimate of Gross Income Worksheet

Enter the expected income for yourself and/or your parent(s) or spouse in the space provided below.

**DO NOT LEAVE ANY BOXES BLANK. IF YOUR ANSWER IS ZERO, WRITE "0".**

**Please report all wages and other projected income for 2008.**

Types of income	Student	Spouse	Father	Mother
Unemployment benefits:	\$			
Child Support Received:	\$			
Worker's Compensation:	\$			
Severance Pay:	\$			
Alimony:	\$			
Rental Income:	\$			
Business Income:	\$			
Interest/Dividend Income:	\$			
Other Taxable Income:	\$			
Any Social Security benefits received by all family members:	\$			
TANF/ Welfare Income:	\$			
IRA Deductions:	\$			
Payment to tax deferred savings/pension plan:	\$			
Any other money you received during the year:	\$			
Child support paid:	\$			

I certify that the information on this form is true and complete to the best of my knowledge. I agree to provide the Financial Aid Office with further proof of the information given on this form, if required. I also understand that additional financial assistance is **NOT** guaranteed.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_