

SECTION II: INCOME REDUCTION/UNUSUAL EXPENSES

Will your income or your spouse's income be significantly less in 2021 than in 2020?

_____ If so, please indicate which category (ies) best describes your situation

Loss of Employment or Reduction of Wages

Who has had a loss or reduction of employment? _____

Last day of employment? _____

Has that person started another job? _____

If so, what was the start date? _____ Hrs worked wkly? _____

Hourly/Weekly Rate of Pay? _____

Required Documentation:

- Copy of 2020 Tax Transcript and W-2's
- Copy of 2021 Tax Transcript and W-2's
- 2022-23 Verification Worksheet (s)
- Documentation to verify separation from employer and copy of last check stub received (year to date earnings must be listed)
- Documentation to verify new employment and most recent check stub

Loss of Taxable/Untaxable Income and/or Benefits

Who has had a loss of income (taxable or untaxable)? _____

Type of income lost? _____

Date last check/income was received? _____

This category should be used if someone in your household has had a loss of income such as child support, social security benefits, unemployment benefits, workers compensation or any other type of taxable or untaxable benefits

Required Documentation

- Copy of 2020 Tax Transcript and W-2's
- Copy of 2021 Tax Transcript and W-2's
- 2022-23 Verification Worksheet(s)
- Documentation from appropriate agency; should include total amount received in 2020 or 2021 and a termination date of the benefit

Non-recurring income received in 2020 and/or 2021

Who had the income reduction? _____

Type of income lost? _____

Was this a one-time benefit? _____ When received? _____

This category should be used if someone in your household has received a one-time benefit in 2019 and/or 2020 that will not be received again in 2021. (e.g. IRA distribution, pension distribution, back pay of Social Security benefits)

Required Documentation

- Copy of 2020 Tax Transcript and W-2's
- Copy of 2021 Tax Transcript and W-2's
- 2022-23 Verification Worksheet(s)
- Documentation of income type and amount

Death of Spouse

Date of spouse's death _____

Was income received by your spouse reported on your 2019 tax return? _____

Required Documentation

- Copy of 2020 Tax Transcript and W-2's
- Copy of 2021 Tax Transcript and W-2's
- 2022-23 Verification Worksheet
- Copy of Death Certificate

Divorce or Separation

Date of divorce or separation _____

Required Documentation

- Copy of 2020 Tax Transcript and W-2's
- Copy of 2021 Tax Transcript and W-2's
- 2022-23 Verification Worksheet
- Copy of Separation Agreement or Divorce Decree or documentation proving that you and your spouse are residing at separate addresses (e.g. rental agreement, copy of utility bills at different addresses)

Excessive Medical Expenses in 2020 or 2021

What is the total amount of medical/dental expenses for your household in **2020 or 2021**?

What part of that amount was not covered by insurance? _____

Of that amount, what portion have you paid out of pocket? _____

Required Documentation

- Copy of 2020 Tax Transcript and W-2's
- Copy of 2021 Tax Transcript and W-2's
- 2022-23 Verification Worksheet
- Copy of medical/dental bills not paid by insurance for the 2019 or 2020 calendar year
- Receipts for bills paid out of pocket

Other Income Reduction

If the reason for your income reduction is not listed above, please explain in this section: _____

The MTCC Financial Aid Office will request the appropriate supporting documents from you if your request falls within this category

EXPECTED 2021 TAXABLE/NON-TAXABLE INCOME/BENEFITS

Please provide actual and anticipated household income for the 2022 calendar year (January 1 through December 31, 2022) in this section. Please list your actual income to date in each category, then estimate what will be received for the remainder of the year and then add those amounts together for your total. You must provide documentation of **all** income shown on this form. ****If you are divorced, separated or widowed, do not include spousal information or income****

Please do not leave any spaces blank. If a question does not apply to you or anyone in your household, or you do not anticipate income from that source, place a -0- in that category.

	Actual (1/1/22 - today)	Estimated (today - 12/31/22)	Total (actual + estimated)
2022 Income Earned from Work (student)	_____	_____	_____
2022 Income Earned from Work (spouse)	_____	_____	_____
2022 Unemployment (student)	_____	_____	_____
2022 Unemployment (spouse)	_____	_____	_____
2022 Other Taxable Income (interest, dividends, pensions, annuities, business income, etc)	_____	_____	_____
Total Adjusted Gross Income (add the above lines)	_____	_____	_____
2022 Child Support	_____	_____	_____
2022 Payments to Tax-Deferred Pension/Savings Plan	_____	_____	_____
2022 Other Untaxed Income (e.g. workers compensation, Veteran’s non-education benefits, Untaxed unemployment, bills paid for you, cash rcvd, etc)	_____	_____	_____

CERTIFICATION STATEMENT

I certify that the information on this form is complete and accurate to the best of my knowledge. I further understand that if I do not provide the necessary supporting documentation to verify the information on this application that this request will not be processed by the MTCC Financial Aid Office.

Student’s Signature _____ **Date** _____