



ROCKY
MOUNTAIN
COLLEGE

Appeal for Special Financial Consideration – Independent Student Office of Financial Aid

Deadline for returning this form is April 1, 2017

Student's Name: _____ SSN: _____
(please print)

If your family's 2015 income has been reduced, you should complete this form and return it to the Financial Aid Office for further consideration of your 2017-2018 financial assistance. If you are unable to estimate the total income your family will receive from January 1 through December 31, 2016 at this time, please keep this form until you can provide accurate information. The process of verification must be completed prior to any adjustment being made. Please go to <http://rocky.edu/admissions/financial-aid-scholarships/Forms.php> to print the required form and return it to the Financial Aid Office along with the tax documents listed. Questions concerning this form can be directed to the Financial Aid Office at 406.657.1031.

Please review the sections below and indicate which explanation(s) apply to your family's 2016 income and/or expenses. Please note that further documentation may be required for certain situations. **Be sure to complete both sides of this form and obtain all signatures required before returning to our office.**

1. [] Death of a spouse (death must have occurred on or after January 1, 2016)

Deceased ___/___/___

Provide copy of death certificate and the deceased's 2015 federal tax return transcript and W-2s

2. [] Loss of Employment (must have occurred on or after January 1, 2016).

Period of unemployment must be at least ten weeks, or you or your spouse worked full-time for at least 30 weeks in the prior year, but is no longer working full-time.

Date of status change ___/___/___

Dates of unemployment period: From ___/___/___ until ___/___/___

Provide letter from employer stating last date of employment and reason for status change.

Complete the worksheet on the reverse side of this form estimating your 2015 income **and attach documentation to support your estimate.**

3. [] Reduction of income or benefits

Date of status change ___/___/___

Provide a list of income or benefits and amount(s) received during 2016, as well as reason for termination or reduction.

Complete the worksheet on the reverse side of this form estimating your 2016 income and benefits.

4. [] Separation or Divorce

Date of Decree ___/___/___

Provide 2015 federal tax return transcript and W-2s

5. [] Unusual debt or expenses – Examples include medical, dental, or vision expenses that have already been incurred or that are ongoing for the current school year and are not covered by insurance, or private school tuition incurred by families. Contact the Financial Aid Office for documentation required.

Complete both of the sections (Gross Taxed and Untaxed Income) below with income (prior to exemptions, adjustments, or deductions) your family expects to receive from January 1 through December 31, 2016. **If none, enter zeros. Please attach documentation to support your estimated income.**

<u>2016 Gross Taxed Income</u>	Student's Income	Spouse's Income
1. Wages, tips and salaries	\$ _____	\$ _____
2. Severance pay	\$ _____	\$ _____
3. Pensions and annuities	\$ _____	\$ _____
4. Interest and dividend income	\$ _____	\$ _____
5. Business or farm income	\$ _____	\$ _____
6. Capital gains	\$ _____	\$ _____
7. Income received from rents after expenses paid for mortgage interest, taxes and insurance	\$ _____	\$ _____
8. Alimony which may be received	\$ _____	\$ _____
9. Unemployment Compensation (State and/or SUB)	\$ _____	\$ _____
10. Any other taxable income	\$ _____	\$ _____
Total 2016 Gross Taxed Income	\$ _____	\$ _____

<u>2016 Untaxed Income</u>		
1. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portion of 401(k) and 403(b) plans.	\$ _____	\$ _____
2. Retirement or disability benefits	\$ _____	\$ _____
3. Workers' Compensation	\$ _____	\$ _____
4. Untaxed portion or pensions	\$ _____	\$ _____
5. Living and housing allowances (excluding rent subsidies for low-income housing) or clergy, military, and others (include cash payments or cash value of benefits)	\$ _____	\$ _____
6. Child support or maintenance payments which will be received for the student and ALL other children	\$ _____	\$ _____
7. Veterans noneducation benefits	\$ _____	\$ _____
8. Railroad Retirement benefits	\$ _____	\$ _____
9. Any other untaxed income and benefits such as Black Lung Benefits, Refugee Assistance, etc.	\$ _____	\$ _____
Total 2016 Untaxed Income	\$ _____	\$ _____

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. I have attached proof of any information given on this form.

Student Signature _____ Date Signed _____
 Spouse Signature _____ (if applicable)

1511 Poly Drive, Billings, Montana 59102 / 406-657-1031 / 800-877-6259 / Fax: 406-657.1189