

## 2020-2021 Special Circumstances: Medical Expenses/Loss of Income

MLC Student's Name

According to federal laws and regulations, a family's 2018 income must be used on the FAFSA to assess

				•	-	• •	I 2020 income is lower,  nformation to evaluate	
	-			•	•	•	rify the loss of income or	
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				at or poonet in	carear experie	, ,		
Studer	nt/Payn	nent Inf	ormation					
Please	Quam 1 6 opecial on cambiantes in 2025 of 2020							
Check	0	Typically Requested Documentation						
	Medic	al/Dent	al Expenses				As a guideline to whether it	
	0	TAXES	e a <b>signed</b> copy of y along with Schedul -or- prepared your own	e A from your to	ax return.		pays to provide information, for a family of four it takes at least \$5000 in medical expenses paid to provide	
	O .		w what document An example of re	ation will be red	quired in lieu (	of taxes.	eligibility for additional financial aid.	
			statement itemizi expenses you paid doctor, hospital, i (not reimbursed b	d for health/der medication expe	ntal insurance enses	premiums,	Mark Bauer Director of Financial Aid bauermd@mlc-wels.edu 507.233.9152	
	Reduc	ed or Lo	oss of Income					
	<ul> <li>On the next page, provide a written statement explaining the cause, approximate start date, and expected duration of the loss of income. Please include any details that will help us understand how your financial situation has changed.</li> </ul>			No additional documentation needs to be included at this time. During your consultation with the Director of Financial				
	0		very situation is di				Aid, you will be notified what forms to submit to our office.	
	contact you in order to confirm what specific documentation is required. Please provide the best phone number to contact you:							
		4 1	Parent's Phone Number	•		]		



## 2020-2021 Special Circumstances: Loss of Income/Medical Expenses (page 2)

Please help us better understand your	special circumstances by providing an additional	explanation below:
	t all the information reported on it is completen does not guarantee my student's financial aid	
Parent's Name	Signature of Parent	Date