

## 2024-2025 Special Circumstances: Medical Expenses/Loss of Income

MLC Student's Name

According to federal laws and regulations, a family's 2022 income must be used on the FAFSA to assess

				=	=		2024 income is lower,	
	•			•	•	•	nformation to evaluate	
Tinanc	ai need	i. Piease				•	rify the loss of income or	
			Ou	t of pocket me	dicai expens	es.		
Studer	nt/Payn	nent Inf	ormation					
Please	Qualifying Special Circumstances in 2023 or 2024							
Check	<ul> <li>Typically Requested Documentation</li> </ul>							
	Medic	al/Dent	al Expenses				As a guideline to whether it pays to provide information, for a family of four it takes at least \$5000 in medical expenses paid to provide	
	0	TAXES	e a <b>signed</b> copy of y along with Schedule -or-	e A from your ta	ıx return.			
	0		repared your own w what document An example of rec	ation will be rec	juired in lieu o	of taxes.	eligibility for additional financial aid.	
		statement itemizing 2023 out-of-pocket medical or dental expenses you paid for health/dental insurance premiums, doctor, hospital, medication expenses (not reimbursed by insurance or by any pre-tax plan).					Jim Hanson Director of Financial Aid hansonjm@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					
	<ul> <li>Since every situation is different, the Director of Financial Aid will contact you in order to confirm what specific documentation is</li> </ul>					Aid, you will be notified what forms to submit to our office.		
		required. Please provide the best phone number to contact you:						
			Parent's Phone Number					



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Please help us better understand your	special circumstances by providing an additional explana	ition below:					
By signing this worksheet, I certify that all the information reported on it is complete and correct. I understand that completing this form does not guarantee my student's financial aid will be increased.							
Parent's Name	Signature of Parent	Date					