

## 2027-2028 Special Circumstances: Loss of Income/Medical Expenses

\_\_\_\_\_  
MLC Student's Name

According to federal regulations, a family's **2025 income** must be reported on the FAFSA to determine financial need for the **2027–2028 academic year**.

If a family's income has decreased in 2026 or is expected to decrease in 2027 due to special circumstances, MLC may be able to consider 2026 or projected 2027 income when evaluating financial need through a special circumstances review.

Please note that additional documentation will be required to verify the loss of income and/or qualifying out-of-pocket medical expenses. Submission of documentation does not guarantee an adjustment to financial aid eligibility.

### Student/Payment Information

| Please Check | <b>Qualifying Special Circumstances in 2026 or 2027</b><br><i>Typically Requested Documentation</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                        |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | <p><b>Medical/Dental Expenses</b></p> <p><b>Please provide one of the following:</b></p> <ul style="list-style-type: none"> <li>• A signed copy of your professionally prepared 2026 tax return, including Schedule A.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• If you prepared your own taxes, contact the Financial Aid Office for alternative documentation requirements. This may include a signed, itemized statement of 2026 out-of-pocket medical and dental expenses (insurance premiums, doctor/hospital visits, and medications) that were not reimbursed by insurance or paid through a pre-tax plan.</li> </ul> | <p><i>As a general guideline, a family of four would need at least \$5,000 in out-of-pocket medical expenses for those expenses to potentially result in additional financial aid eligibility.</i></p> |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                    |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>Reduced or Loss of Income</b></p> <ul style="list-style-type: none"> <li>● Provide a written statement explaining the reason for the income reduction or loss, the approximate start date, and the expected duration. Include any details that help explain how your financial situation has changed.</li> <li>● Because each situation is unique, the Financial Aid Office will contact you to discuss any additional documentation needed. Please provide the best phone number to reach you:</li> </ul> <p><b>Parent's Phone Number:</b></p> <hr/> | <p><i>No additional documentation is required at this time. During your consultation with the Financial Aid Office, you will be informed of any forms or documentation you need to submit.</i></p> |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Financial Aid Office: [MLCaid@mlc-wels.edu](mailto:MLCaid@mlc-wels.edu)

**Please help us better understand your special circumstances by providing an additional explanation below:**