

Request for Special Circumstance Review 2026-2027

Student's Name: _____ MassBay ID#: _____

- Will your income and/or your spouse's or parents' income be less in 2026 than in 2025 or 2024?
☐ Yes ☐ No
- Please report the date the change took place and then check the appropriate reason below.

DATE OF CHANGE: _____

☒			
			Loss of income due to COVID-19 pandemic
			Unemployment or change in employment
			Divorce/separation
			Disability of student, spouse or parent
			Death of spouse or parent
			Unusual medical expenses
			One-time adjustments to income (e.g. back paid Social Security, IRA or pension distribution)

Required Documentation to submit with this form:

- A separate typed letter, including physical signature and date, explaining your special circumstances in detail.
- Income Tax Documentation: *(If you do not have either document below please explain why, in your letter explaining your special circumstance.)*
 - Most Recent Federal Tax Return Transcripts or a signed copy of the Federal Tax Return.
- Supporting documentation related to your circumstance. *Examples:* last pay stub, unemployment forms, layoff notice, current paystub - if re-employed (include spouse's most recent paystub if married), court papers, doctor's note, disability claim, death certificate, etc.)

***Please Note:** We **WILL NOT** process your request without a complete form and proper documentation. Failure to provide the requested documentation will result in a delay and/or possible denial regarding the processing of your review request.

Request for Special Circumstance Review 2026-2027 -Page 2

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<u>Anticipated Income for 01/01/2026 to 12/31/2026</u>	<u>Actual</u> 01/01/26 -Today	<u>Estimated</u> Today -12/31/26	<u>Total</u>
Student's wages, salaries, tips (including severance pay, disability payments and other income from work)			
Spouse's salaries, tips (including severance pay, disability payments and other income from work) – if applicable			
Father's wages, salaries, tips (including severance pay, disability payments and other income from work) – if applicable			
Mother's wages, salaries, tips (including severance pay, disability payments and other income from work) – if applicable			
Unemployment Benefits			
Social Security Benefits			
Alimony and/or child support			
Other Untaxed income (e.g. Workers' Compensation)			
Total Anticipated Income for 2026			

***Do not leave blank boxes above! If it is zero, please write zero or not applicable.
Incomplete forms will be returned to the student.***

My physical signature certifies that the information provided above is true. I agree to provide additional proof of the information, if requested.

Student's Signature

Date

Parent's Signature

Date

Deadline to submit: April 16, 2027

Please note: By using a typable format to sign your name electronically using this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.