

2. Please explain in detail the reason(s) for your request for special consideration and the details of your income reduction or unusual medical/dental expenses. Provide an additional sheet if necessary.

Certification Statement: I (we) certify that the information provided on this form is complete and accurate to the best of my (our) knowledge. If I (we) provide false information, I (we) understand that I (we) may be subject to penalties under the Internal Revenue Code, including fines and imprisonment. I (we) understand that I (we) may be subject to penalties under the Internal Revenue Code, including fines and imprisonment.