

## 2016-2017 APPEAL FOR SPECIAL CIRCUMSTANCES FORM

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

STUDENT ID# \_\_\_\_\_

INSTRUCTIONS: You are submitting this appeal to the Financial Aid Office to review changes to your family's financial situation based on new and/or projected information for 2016. It is important to note that a request for an appeal will not always result in more financial aid. Provide a brief statement below and attach REQUIRED documents supporting your appeal. Once you have completed your appeal and attached required documentation, submit to the Financial Aid Office.

### SECTION 1: EXTENUATING FINANCIAL CIRCUMSTANCE

**Part I - Please indicate student and/or parent(s) reason for loss/change of income or benefits.**

- Student and/or Spouse's **2016 income and/or benefits** will be **LESS** than 2015 due to:
- |  |  |
|--|--|
| <input type="checkbox"/> Loss of Employment  | <input type="checkbox"/> Reduction in Work Hours                             |
| <input type="checkbox"/> Loss of Benefits (i.e. SSI, TANF, child support, alimony) | <input type="checkbox"/> Job Change  |
| <input type="checkbox"/> One Time Income Received                                  | <input type="checkbox"/> Marital Status Change (IRS W2 transcripts required) |
- Parent(s) **2016 income and/or benefits** will be **LESS** than 2015 due to:
- |  |  |
|--|--|
| <input type="checkbox"/> Loss of Employment  | <input type="checkbox"/> Reduction in Work Hours                             |
| <input type="checkbox"/> Loss of Benefits (i.e. SSI, TANF, child support, alimony) | <input type="checkbox"/> Job Change  |
| <input type="checkbox"/> One Time Income Received                                  | <input type="checkbox"/> Marital Status Change (IRS W2 transcripts required) |

**Part II - Please attach student and/or parent(s) supporting documents. Use the checklist below to specify the types of documents required.**

- Step 1:** Complete a 2016-2017 FAFSA and submit all requested forms for the 2016-2017 financial aid file.
- Step 2:** Submit Verification documents (**Verification Worksheets** available online at [www.venturacollege.edu/finaid](http://www.venturacollege.edu/finaid))
- a. If independent, complete the **2016-2017 V1 Independent Verification Worksheet** and attach a copy of you/your spouse's (if married) 2015 IRS Tax Return Transcript even if you used the IRS Data Retrieval Tool.
  - b. If dependent, complete the **2016-2017 V1 Dependent Verification Worksheet** and attach a copy of you and your parent's 2015 IRS Tax Return Transcript even if you used the IRS Data Retrieval Tool.
  - c. *If submitting this appeal after January 1, 2017, provide a 2016 IRS Tax Return Transcript and 2016 W-2s.*
- Step 3:** Please provide documents as applicable for the circumstances in Part I.
- Copy of 2015 Federal IRS Tax Return Transcripts (student and/or spouse; parent's)
  - A letter from your last employer(s) on company letterhead that verifies the date of layoff, retirement, or reduction of work hours.
  - A letter from your CURRENT employer(s) indicating hourly wage and estimated number of hours to be worked, per week or month, from today through December 31, 2016.
  - A copy of the **year-to-date** paycheck stub verifying income (student and/or spouse; parent's).
  - A copy of your unemployment, Social Security and/or other types of benefits (if currently receiving benefits).
  - Other (please specify): \_\_\_\_\_




  
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**Part III - Explanation of Circumstance(s) - Attach additional pages if more space is needed**

**SECTION 2: INCOME STATEMENT**

Provide year-to-date 2016 income/projected income for the person(s) experiencing the change or loss of income/benefits.

<b>Projected 2016 Income DO NOT LEAVE ANYTHING BLANK</b>	<b>Student <i>(if applicable)</i></b>	<b>Spouse <i>(if applicable)</i></b>	<b>Mother <i>(if applicable)</i></b>	<b>Father <i>(if applicable)</i></b>
Wages, salaries, tips (earnings from work)	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Worker's Compensation, Disability	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Cal Works/TANF	\$	\$	\$	\$
Cash Assistance from family, friends, etc.	\$	\$	\$	\$
Other Income: _____	\$	\$	\$	\$
<b>Total year-to-date income plus proof of projected 2016 income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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**SECTION 3: CERTIFICATION AND SIGNATURES**

**WARNING:** If you purposely give false or misleading information on this worksheet you may be fined, be sentenced to jail, or both. If the Financial Aid Officer determines or suspects fraud or forgery all information will be forwarded to the Office of Inspector General of the Department of Education, and/or the local law enforcement agency.

The student (and parent if dependent) must sign and date.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE *(for dependent students only)*

\_\_\_\_\_  
DATE

**OFFICE USE ONLY**

Approved  Denied  Delayed

By: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_