

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

2011-2012 APPEAL FOR SPECIAL CIRCUMSTANCES FORM

Name: _____ SSN/ID _____

The 2011-12 FAFSA requires submission of 2010 income. If you, your spouse (if married), or your parent (if dependent) have experienced a significant decrease in your income, you may file this appeal. Standard living expenses/bills are not reasons for consideration of this appeal. Submitting this appeal does not guarantee approval or increase in your eligibility for financial aid. You will receive a written response regarding the outcome of this appeal.

Please complete the following steps and attach all required documentation as outlined below:

- ☐ **Step 1:** Complete a 2011-2012 FAFSA application and submit all requested forms for your 2010-2011 financial aid file
- ☐ **Step 2:** Complete the 2011-2012 Appeal for Special Circumstances Form and submit applicable documentation as outlined below
- a. For loss of employment submit:**
- Copy of notice of separation from the employer(s) showing employment status and date of termination, or reduction in hours
 - Current proof of year-to-date gross earnings, and any additional benefits paid, (e.g. severance pay, vacation pay, retirement benefits, etc.)
- b. For loss of untaxed income or benefits submit:**
- Copy of termination notice from the granting agency/company, court order, or document from caseworker
 - Current proof of year-to-date benefits received
- c. For separation, divorce, or death submit:**
- A copy of death certificate in case of death of a parent/spouse
 - Documentation demonstrating loss of income due to separation, divorce, or death
- d. For one-time income submit:**
- A copy of documentation from an employer, the court, or agency to support your written statement
 - If rollover into a Roth IRA, a statement from the investment company that indicates the amount converted to the IRA
- e. For out-of-pocket medical expenses paid submit:**
- Proof of payment of unusual/unexpected medical expenses paid out-of-pocket that insurance did not cover/reimburse. (Copies of receipts or cancelled checks must accompany billing statements. Billing statements must clearly indicate portions that have been paid by your insurance or other agency.)
- ☐ **Step 3:** Attach a signed written statement from the person(s) experiencing a decrease in income
- ☐ **Step 4:** Submit Verification Documents (**Verification Worksheets** available on our website)



- a. If independent, complete the **2011-2012 Independent Verification Worksheet** and attach a signed copy of your/your spouse's (if married) 2010 federal tax return
- b. If dependent, complete the **2011-2012 Dependent Verification Worksheet** and attach a signed copy of your and your parent's 2010 federal tax return
- c. If submitting this appeal after 1/1/2012, provide copies of 2011 Federal tax return(s) and 2011 W-2's

☐ **Step 5: Please check the reason(s) for your appeal and attach all required documentation as outlined above.**

Student/Spouse:

- ☐ Loss of my/my spouse's employment
- ☐ Loss of my/my spouse's untaxed income or benefits
- ☐ Separated after FAFSA was filed
- ☐ One-time income received in 2010
- ☐ Significant out-of-pocket medical expenses
- ☐ Other (attach explanation)

Parent (for dependent student):

- ☐ Loss of parent(s) employment
- ☐ Loss of my parent(s) untaxed income or benefits
- ☐ Separated after FAFSA was filed
- ☐ One-time income received in 2010
- ☐ Significant out-of-pocket medical expenses
- ☐ Other (attach explanation)

Please provide projected income for 2011 for all applicable individuals.

Projected 2011 Income	Student	Spouse (if applicable)	Mother (if applicable)	Father (if applicable)
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				
Source:	\$	\$	\$	\$
Total Projected 2011 Income	\$	\$	\$	\$

Each person signing this form certifies that all the information reported on it is complete and correct.

Student's Signature

Date

Parent's Signature (if applicable)

Date

FOR OFFICE USE ONLY <input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____ Date: _____
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