

# MOORPARK • OXNARD • VENTURA FINANCIAL AID OFFICE

## 2012-2013 APPEAL FOR SPECIAL CIRCUMSTANCES FORM

Name: \_\_\_\_\_ SSN/ID \_\_\_\_\_

The 2012-13 FAFSA requires submission of 2011 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 2012-2013 FAFSA application and submit all requested forms for your 2012-2013 financial aid file

☐ **Step 2:** Complete the 2012-2013 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)

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- a. If independent, complete the **2012-2013 Independent Verification Worksheet** and attach a copy of your/your spouse's (if married) 2011 IRS transcript.
- b. If dependent, complete the **2012-2013 Dependent Verification Worksheet** and attach a copy of your and your parent's 2011 IRS transcript.
- c. If submitting this appeal after 1/1/2013, provide copies of 2012 IRS transcript and 2012 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 2011
- ☐ 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 2011
- ☐ Significant out-of-pocket medical expenses
- ☐ Other (attach explanation)

**Please provide projected income for 2012 for all applicable individuals.**

Projected 2012 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:	\$	\$	\$	\$
<b>Total Projected 2012 Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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

☐ Approved ☐ Denied

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

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