

2018-2019 APPEAL FOR SPECIAL CIRCUMSTANCES FORM

LAST NAME	FIRST NAME	STUDENT ID#
special circumstances may qu corresponding to either the 2 payments due to consumer d change in marital status was a	alify for a re-evaluation of financial need 017 or 2018 calendar year. We <u>cannot</u> <u>lebt</u> . Marital status is based on the date correction due to error, you must attach	calendar year income and resources. In some cases This re-evaluation is performed using financial dat decrease your income due to market losses or credicate the FAFSA was filed and cannot be updated. If the supporting documentation showing the correct date mples include divorce decree, marriage certificate or
Allow up to <u>four weeks</u> for pro our office receives.	ocessing. This timeframe may vary depe	nding on the time of the year and volume of requests
SECTION 1: COMPLETE	ONLY IF EXTENUATING FINANC	CIAL CIRCUMSTANCE OCCURRED IN 2017
	erson(s) who experienced the loss/changouse Parent 1 Parent 2	ge of income and/or benefits.
Loss of Employme	e. SSI, TANF, child support, alimony)	 □ Reduction in Work Hours □ Job Change □ Marital Status Change (2016 IRS Wage and
_		Income transcripts required)
Statement of Circumstance (E	explain the reason(s) for the reduction of	your resources)

SECTION 2: EXTENUATING FINANCIAL CIRCUMSTANCE

Part III - Please complete/submit required supporting documents listed below for student, spouse, and/or parent(s).

- Complete a 2018-2019 FAFSA and submit all requested forms for the 2018-2019 financial aid file.
- Submit Verification documents (Verification Worksheets available on the Financial Aid website)
 - a. If independent, complete the 2018-2019 V1 Independent Verification Worksheet.
 - b. If dependent, complete the 2018-2019 V1 Dependent Verification Worksheet.
- Copy of 2016 AND 2017 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/separation, retirement and/or reduction of work hours.
- A copy of your unemployment statement or termination of Social Security and/or other types of benefits.
- Other (please specify):

Please go to Section 4 to sign and date this appeal

SECTION 3: COMPLETE ONLY IF EXTENUATING FINANCIAL CIRCUIT	
Book I by the state of the stat	
Part I - Please indicate the person(s) who experienced the loss/change of income ar Student Spouse Parent 1 Parent 2	nd/or benefits.
Loss of Benefits (i.e. SSI, TANF, child support, alimony) One-Time Income Received Marital	on in Work Hours nge Status Change (2017 IRS Wage ome transcripts required)
Statement of Circumstance (Explain the reason(s) for the reduction of your resources	

Rev. 8/17/17

Part III - Please complete/submit required supporting documents listed below for student, spouse, and/or parent(s).

- Complete a 2018-2019 FAFSA and submit all requested forms for the 2018-2019 financial aid file.
- Submit Verification documents (Verification Worksheets available on the Financial Aid website)
 - a. If **independent**, complete the **2018-2019 V1 Independent Verification Worksheet** and attach a copy of you/your spouse's (if married) 2016 IRS Tax Return Transcript even if you used the IRS Data Retrieval Tool.
 - b. If <u>dependent</u>, complete the **2018-2019 V1 Dependent Verification Worksheet** and attach a copy of you and your parent's 2016 IRS Tax Return Transcript even if you used the IRS Data Retrieval Tool.
- Letter explaining the loss of income and/or benefits from the person indicated in Section 1.
- Copy of 2016 AND 2017 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 and/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.
- A copy of the year-to-date paycheck stub verifying income (student and/or spouse; parent's)
- A copy of your unemployment statement or termination/reduction of Social Security and/or other types of benefits (if currently receiving benefits).

•	Other (please specify): _	
---	---------------------------	--

<u>Part IV</u> – Provide 2018 year-to-date income AND projected income for the person(s) experiencing the change or loss of income/benefits.

DO NOT LEAVE ANYTHING BLANK	Student (year to date income)	Student (projected income from now to the end of 2018)	Spouse (year to date income)	Spouse projected income from now to the end of 2018)
Wages, salaries, tips (earnings from work)	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Worker's Compensation, Disability	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security Benefits (SSI, SSDI)	\$	\$	\$	\$
Cal Works/TANF	\$	\$	\$	\$
Cash Assistance from family, friends, etc.	\$	\$	\$	\$
Other Income:	\$	\$	\$	\$
Total year-to-date income plus proof of projected 2017 income	\$	\$	\$	\$

Student's Last Name:	Student ID:	

<u>DO NOT LEAVE ANYTHING</u> <u>BLANK</u>	Parent 1 (year to date income)	Parent 1 (projected income from now to the end of 2018)	Parent 2 (year to date income)	Parent 2 (projected income from now to the end of 2018)
Wages, salaries, tips (earnings from work)	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Worker's Compensation, Disability	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security Benefits (SSI, SSDI)	\$	\$	\$	\$
Cal Works/TANF	\$	\$	\$	\$
Cash Assistance from family, friends, etc.	\$	\$	\$	\$
Other Income:	\$	\$	\$	\$
Total year-to-date income plus proof projected 2017 income	\$	\$	\$	\$

SECTION 4: CERTIFICATION & 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 Dean of Student Services, the Office of Inspector General of the Department of Education, and/or the local law enforcement agency.

Each person signing this worksheet certifies that all of the information reported is complete and correct

STUDENT SIGNATURE		DATE	
PARENT SIGNATURE (for dependent students only)		DATE	
	Student's Last Name:		Student ID:
OFFICE USE ONLY			
☐Approved ☐Denied ☐ Delayed	Ву:		Date:
Comments:			

Special Circumstance Appeal, page 4 of 4

Rev. 8/17/17