MOORPARK · OXNARD · VENTURA FINANCIAL AID OFFICE

2019-2020 APPEAL FOR SPECIAL CIRCUMSTANCES FORM

LAST NAME

FIRST NAME

STUDENT ID#

INSTRUCTIONS: The 2019-20 financial aid awards are based on 2017 calendar year income and resources. In some cases, special circumstances may qualify for a re-evaluation of financial need. This re-evaluation is performed using financial data corresponding to either the 2018 or 2019 calendar year. We <u>cannot</u> decrease your income due to <u>market losses</u>, <u>credit</u> <u>payments</u>, <u>or consumer debt</u>. Marital status is based on the date the FAFSA. If the change in marital status was a correction due to error, you must attach supporting documentation showing the correct date of marital status as of the original date the FAFSA was completed. Examples include divorce decree, marriage certificate or legal separation agreement.

Please allow up to <u>four weeks</u> for processing. This timeframe may vary depending on the time of the year and volume of requests our office receives.

SECTION 1

Part I - Please indicate the person(s) who experienced the lo	
Part II – Check which applies	
2018 income and/or benefits is LESS than in 2017	
2019 income and/or benefits is LESS than in 2017	
Part III – Check which applies	
Loss of Employment	Reduction in Work Hours
Loss of Benefits (<i>i.e. SSI, TANF, child support, alimony</i>)	Job Change
One-Time Income Received	Marital Status Change (2017 IRS Wage and Income transcripts required)

SECTION 2: EXTENUATING FINANCIAL CIRCUMSTANCE

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

□ Complete a 2019-2020 FAFSA and submit all requested forms for the 2019-2020 financial aid file.

□ Submit Verification documents (Verification Worksheets available on the Financial Aid website)

- a. If Independent, complete the 2019-2020 V1 Independent Verification Worksheet
- b. If <u>Dependent</u>, complete the 2019-2020 V1 Dependent Verification Worksheet
- □ Copy of 2017 AND 2018 Federal IRS Tax Return Transcripts for 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.
- □ A letter on Company letterhead from your current employer(s) indicating hourly wage and estimated number of hours to be worked, per week or month, in 2019
- □ A copy of year-to-date paycheck stub(s) verifying income for student and/or spouse; parent(s)
- □ Other (please specify):

Statement of Circumstance (Explain the date(s) and reason(s) for the reduction of your resources)

SECTION 4: PROJECTING 2019 INCOME (Do not complete if using 2018 income)

*This section is only to be completed after July 1, 2019 to project 2019 income changes

If you experienced a change in 2019 only please complete the income projection below.

Provide 2019 year-to-date income AND projected income for the person(s) experiencing the change or loss of income/benefits. DO NOT LEAVE ANYTHING BLANK. Enter \$0 if amounts were not received.

2019 Income Projection (Student/Spouse)	Student (year-to-date income)	Student (projected income from now to the end of 2019)	Spouse (year-to-date income)	Spouse (projected income from now to the end of 2019)
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 2019 income	\$	\$	\$	\$

2019 Income Projection (Parents of Dependent Student)	Parent 1 (year-to-date income)	Parent 1 (projected income from now to the end of 2019)	Parent 2 (year-to-date income)	Parent 2 (projected income from now to the end of 2019)
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 2019 income	\$	\$	\$	\$

SECTION 5: 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 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	
	tudent's Last Name: _		_ Student ID:
OFFICE USE ONLY			
Approved Denied Delayed	Ву:		Date:
Comments:			