



SPECIAL CIRCUMSTANCE REVIEW

Last Name	First Name	M.I.	Student ID
Address	City, State	Zip Code	Telephone

Instructions

1. Attach the required documents listed in Section 1.
2. Complete Section 2, except for those selecting only the lump sum area of Section 1. If any item does not apply, enter 0. Do not leave any blanks.
3. Use blue or black ink only. Print Clearly. Unreadable forms will be returned to you unprocessed.
4. Submit this form at any Financial Aid Office location, via fax to (707) 468-3197, or by mail to 1000 Hensley Creek Rd., Ukiah, CA 95482.

If you have questions about this form, please call our office at (707) 468-3110.

Section 1: Special Circumstance (check all that apply and submit required documentation for each selection)

Loss or Reduction of Income, Untaxed Income or Benefits

- 1. Attach a copy of the most recent pay stubs for household member(s) incurring the reduction of income/benefits.
- 2. Attach a statement of explanation regarding the loss/reduction of income, untaxed income or benefits. Include the current or prior employer's name, address and phone number; the date when the income/benefits were reduced; if available, indicate the reason for the reduction; indicate whether the household member is entitled to unemployment benefits or severance pay, and the amounts.
- 3. Attach supporting documentation regarding the loss/reduction of income, untaxed income or benefits (i.e. employer letter/notice, bank/insurance statements, court documents, etc.)

Death of student's spouse (if independent) or parent (if dependent)

- 1. Attach a copy of the death certificate
- 2. Attach a letter of explanation regarding any expected survivor benefits, including life insurance.

Disclosure of one-time lump sum income (you may skip Section 2 of this form)

- 1. Attach a letter of explanation regarding the type of income received, how income was spent, why income cannot be used for education expenses, and reason why income will not be received again.
- 2. Attach supporting documentation regarding the loss of one-time income (i.e. bank statements, paid receipts, etc.)

Loss of child support

- 1. Attach a letter of explanation regarding the loss of child support, including relevant amounts and dates.
- 2. Attach a copy of court documentation confirming the loss of child support, including date of last payment.

Divorce or separation (Either student's divorce if independent or parent's divorce if dependent)

- 1. Attach a copy of the divorce decree or separation agreements. Attach a notarized statement indicating separation date if a separation agreement was not obtained.
- 2. Attach proof of income with most recent paystubs and all 2015 tax year W-2's for household members engaged in divorce/separation proceedings.
- 3. Attach a letter of explanation regarding all assets assigned as part of the divorce or separation and any settlements, including alimony and child support.

Significant out-of-pocket Medical/dental expenses

- 1. Attach a letter of explanation regarding the out-of-pocket expenses, including relevant amounts and dates.
- 2. Attach a copy of all receipts for amounts paid out-of-pocket. Bills and statements will not be accepted. Only proof of payment documentation will be considered.

Last Name	First Name	M.I.	Student ID
-----------	------------	------	------------

Section 2: Anticipated Income (list all income to be earned from Jan. - Dec., 2016)

Income Type	Student	Spouse (if applicable)	Parent 1 (if dependent)	Parent 2 (if dependent)
Gross Income from Work	\$	\$	\$	\$
Unemployment Benefits or Severance Pay	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Social Security Income (SSA and SSI)	\$	\$	\$	\$
Temporary Assistance to Families (TANF)	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Interest/Dividends	\$	\$	\$	\$
Pension/IRA Distributions	\$	\$	\$	\$
Business/Farm Income	\$	\$	\$	\$
Earned Income Tax Credit	\$	\$	\$	\$
Additional Child Tax Credit	\$	\$	\$	\$
Education Credit	\$	\$	\$	\$
Alimony Received	\$	\$	\$	\$
Other Sources of Income	\$	\$	\$	\$

Certification and Signature

- I certify that all information reported on this form is true and accurate to the best of my knowledge.
- I understand that purposely providing false information may be a cause for cancellation of financial aid awards.
- I understand that I may be required to return unearned financial aid funds for the previous term.
- I authorize Mendocino College to withhold unpaid fees for previous terms from financial aid disbursements.
- I understand that Mendocino College may use this information to update my previously submitted FAFSA information.

Student Signature	Date
Parent Signature (if dependent)	Date