



# Special Circumstance Review

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Student ID</b>
<b>Address</b>	<b>City, State</b>	<b>Zip Code</b>	<b>Telephone</b>

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, released from Active Duty (provide DD214)

1. Attach a copy of the most recent/final 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.
3. If joint return was filed, include documentation to show separate sources of income.

### 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 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 pay stubs and all 2017 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.

**ESTIMATED 2019 INCOME**

Provide your best estimate of the amounts you will receive from all sources (include taxable and non-taxable income) from January 1, 2019 to December 31, 2019. If completing this form after December 31, 2019, please provide calendar year 2019 totals only.

**PARENT(S) INFORMATION (DEPENDENT STUDENTS ONLY)**

Please indicate amounts for each category of income below. If no income in a category, write in "0".	Actual from 1/1/2019 to today	+	Projected from today through 12/31/2019	=	Projected total for year 2019
<b>TAXABLE INCOME</b>					
Parent 1's Earnings from Work (attach most recent pay stub)					
Parent 2's Earnings from Work (attach most recent pay stub)					
Taxable Interest Income					
Business/Farm Income					
Unemployment Compensation					
IRA Distributions (taxable portion only)					
Social Security Benefits					
Severance Pay					
Vacation & Sick Pay					
Other (describe):					
<b>Total Taxable Income</b>		+		=	
<b>UNTAXED INCOME</b>					
Workers' compensation / Disability Benefits					
Welfare benefits (AFDC/TANF)					
Child support received					
Payments to tax-deferred pensions/savings plans					
Deductible IRA and/or Keogh payments					
Tax exempt interest income					
Living allowances (as for military and/or clergy, etc.)					
Other (describe):					
<b>Total Untaxed Income</b>		+		=	

**STUDENT INFORMATION (AND STUDENT SPOUSE, IF MARRIED)**

Please indicate amounts for each category of income below. If no income in a category, write in "0".	Actual from 1/1/2019 to today	+	Projected from today through 12/31/2019	=	Projected total for year 2019
<b>TAXABLE INCOME</b>					
Student Earnings from Work (attach most recent pay stub)					
Spouse Earnings from Work (attach most recent pay stub)					
Taxable Interest Income					
Social Security Benefits					
Other (describe):					
<b>Total Taxable Income</b>		+		=	
<b>UNTAXED INCOME</b>					
Cash support or money paid on your behalf					
Tax exempt interest income					
Other (describe):					
<b>Total Untaxed Income</b>		+		=	

If you were not selected to turn in your 2017 Tax Transcripts you will be required to do so with this Special Circumstance Review. The financial aid office has to complete your file with the correct 2017 tax information before any changes can be considered to lower your Expected Family Contribution.

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent email \_\_\_\_\_