



## 2019-2020 SPECIAL CIRCUMSTANCES PETITION

Las Positas College Financial Aid Office

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

If your financial circumstances have changed significantly since 2017, you may use this form to request the financial aid office to consider reducing your reported income on the FAFSA or DREAM Application to better reflect your current financial situation. Your (and/or your spouse's if married, and/or your parents' if a dependent) 2018 income or your expected 2019 income must be significantly less than your 2017 income to be considered. This may result in increased financial aid eligibility.

**The following situations will NOT be considered for a Reduction of Income:** reduction in overtime pay, bankruptcy, retirement, tuition paid for elementary/secondary private schooling, personal expenses (i.e. wedding, credit card bills, mortgage/loan payments, childcare), business losses, shifts in commission sales, one-year bonus incomes (e.g. lottery/gambling winnings, pension payments, legal awards), or stock market losses.

Complete this form, and attach a statement and required documentation to support your case. Contact the Financial Aid Office for assistance.

**PART I. REASONS FOR REVIEW OF FINANCIAL CIRCUMSTANCES:** Check condition AND check the person for whom it applies.

**LOSS OF EMPLOYMENT**

1. \_\_\_ You \_\_\_ Your Spouse \_\_\_ Your Parent(s) were employed in 2017, but now are unemployed AND have been receiving unemployment benefits in 2019 for the past 90 days.

**Required Documentation:** 1) Unemployment benefit award letter and current EDD check stubs (if applicable). 2) Last paycheck stub(s) from all jobs in 2019 for all parties. 3) Part II (page 3) Statement of expected income.

**REDUCTION IN INCOME**

2. \_\_\_ You \_\_\_ Your Spouse \_\_\_ Your Parent(s) has experienced a significant loss in income due to loss of a job, disability, reduction in work hours, etc. since 2017

Please choose the year you will be reporting:     2018     2019

**Required Documentation:** 1) 2018 Federal Tax Return if reporting reduction for 2018 year. 2) If reporting 2019 year, provide documentation of all income received in 2019, including disability benefits (after November 15, 2019, you must submit a signed copy of 2019 Federal Tax Return and W-2(s) for all parties instead of providing estimated income) 3) Part II (page 3) Statement of expected income if reporting 2019 expected income.

**RELEASE FROM ACTIVE DUTY**

3. \_\_\_ You \_\_\_ Your Spouse were released from Active Duty since 2017 and your income is now significantly less

Please choose the year you will be reporting:     2018     2019

**Required Documentation:** 1) DD214 2) copy of 2018 signed federal tax return if reporting 2018 income **OR** if reporting 2019, provide documentation of all income received in 2019. (After November 15, 2019, you must submit a signed copy of 2019 Federal Tax Return and W-2(s) for all parties instead of providing estimated income, if you earned income in 2019). 3) Also, if reporting 2019 income Part II (page 3) Statement of expected income if reporting 2019 expected income.

**RECEIPT OF ONE-TIME TAXABLE INCOME IN 2017**

4. \_\_\_ You \_\_\_ Your Spouse \_\_\_ Your Parent(s) received a one-time income on your 2017 Federal Tax Return (IRA rollover into a Roth IRA, back pay from social security, etc.).

**Required Documentation:** Signed copy of 2017 Federal Tax Return

**LOSS OF SUPPORTIVE INCOME SINCE 2017**

5. \_\_\_ You \_\_\_ Your Spouse \_\_\_ Your Parent(s) received supportive or untaxed income in 2017 (ex. alimony, child support, social security benefits, etc.) but are no longer receiving these benefits in 2019.

**Required Documentation:** 1) Copy of court order, divorce agreement, or other document indicating date of termination of benefits or income.

**DEATH OF PERSON WHOSE 2017 INCOME WAS REPORTED ON YOUR FAFSA**

6a. \_\_\_ Your Spouse \_\_\_ Your Parent(s) Date of Death: \_\_\_\_\_

**Required Documentation:** 1) Death Certificate. 3) Signed copy of 2017 Federal Tax Return and W-2(s) for all parties on the tax return

**NOTE: Dependent Students Only:** If your last surviving parent died after filing your FAFSA, submit a Dependency Override Petition instead of this form. You can be considered independent for financial aid purposes.

**EXTRAORDINARY MEDICAL/DENTAL EXPENSES NOT COVERED BY INSURANCE**

7. \_\_\_ You \_\_\_ Your Spouse \_\_\_ Your Parent(s) has extraordinary medical or dental expenses not covered by insurance (**do NOT report if these expenses are less than 11% of your adjusted gross income**), or other non-discretionary expenses such as special needs educational expenses).

**Required Documentation:** 1) A summary of the expenses incurred in 2018 or 2019 that you have PAID, 2) copies of medical invoices, and proof of payments.

**YOU MARRIED AFTER SUBMITTING YOUR FAFSA\***

8. \_\_\_ You married after submitting your FAFSA. If it is more beneficial to stay dependent, you should not change your marital status. Please talk to the Financial Aid Advisor or Director before completing this form.

**\*Change in marital status must occur before January 1, 2020**

**Required Documentation:** 1) Statement explaining your situation 2) Marriage Certificate 3) Yours and your spouse's signed copy of 2017 Federal Tax Return and W-2(s) OR or 2017 IRS Verification of non-filing status (IRS form 4506).

9. \_\_\_ **OTHER** \_\_\_\_\_

In a clear statement, specify other circumstances impacting your financial situation that should be considered in evaluating your eligibility for financial aid for 2019-20, and provide appropriate documentation of those circumstances.

**PART II: REQUIRED DOCUMENTATION FOR ALL STUDENTS**

**PLEASE ATTACH TO YOUR PETITION:**

- a) A typed statement explaining the circumstances and providing as much detail as possible.
- b) All students should submit a signed copy of 2017 Federal Tax Return and W-2 forms (for student and spouse if married, and parent(s) if considered 'Dependent' for financial aid
- c) If reporting income for the 2018 year, please provide a signed tax return for the person whose income has significantly been impacted, or other documentation of income received, as noted.
- d) If reporting expected income for the 2019 year, please provide as much documentation as possible of expected income, including any check stubs with year-to-date earnings, documentation of benefits, etc.
- e) If submitting after November 15, 2019, provide a signed copy of the 2019 federal tax return (if required to file a 2019 federal tax return) plus supporting documentation of other income/resources. Otherwise submit whatever documentation you can provide to support your calculations of expected income (for all members of the family required to report on the fafsa).

**Please contact the Financial Aid Office if you are having difficulty determining correct forms or attachments.**

**PART III. PROJECTED ESTIMATED INCOME 1/01/2019 TO 12/31/2019**

**COMPLETE THIS SECTION ONLY IF YOU ARE REQUESTING AN ADJUSTMENT IN INCOME, BASED ON AN ESTIMATION OF ALL OF YOUR SOURCES OF 2019 INCOME.** If submitting your 2018 tax return, you do not need to complete this section. If filing this petition after November 15, 2019, you do not need to complete this section if you will be filing a 2019 tax return. *Complete this section if you will **not** be required to file a 2019 federal tax return.*

**ESTIMATED INCOME, JANUARY – DECEMBER 2019**

TYPE OF INCOME	STUDENT	SPOUSE	MOTHER/ STEP- MOTHER	FATHER/ STEP- FATHER
Income from work (wages)				
Other taxable income interest/pensions/annuities				
Unemployment Compensation				
Alimony/Spousal Support				
Worker's Comp/Disability				
Child Support				
Other income (specify source):				
<b>Total Projected Income for 2019:</b>				

**PART III: CERTIFICATION AND SIGNATURE**

Each person signing below certifies that all information reported and any attachments are complete and correct. False statements or misrepresentations will be cause for denial, withdrawal, and/or repayment of financial aid.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

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

Signature of Parent or Student's Spouse \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

\_\_\_ **Approved:** Specific FAFSA Data fields changed: \_\_\_\_\_

Original EFC: \_\_\_\_\_ Recalculated EFC: \_\_\_\_\_ Date ISIR corrected: \_\_\_\_\_

\_\_\_ **Denied:** Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Financial Aid Advisor or Director

\_\_\_\_\_  
Date