



2017-18 REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES

Las Positas College Financial Aid Office



Student Name (please print)

Last First M.I.

Student ID Number

Use this form to request a review of special or extenuating circumstances and financial aid eligibility which better reflect your current financial situation and which were not considered when you filed your 2017-2018 Financial Aid application (FAFSA).

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

PLEASE ATTACH TO THIS FORM: A completed Federal Student Verification Worksheet (VI) along with Required Documentation, including a copy of signed 2015 Federal Tax Return and W-2 forms (for student, spouse if married, and parent(s)) if considered 'Dependent' for financial aid. You must also attach a typed statement explaining the situation and providing as much detail as possible. Please contact the Financial Aid Office if you are having difficulty determining correct forms or attachments.

1. ___ You ___ Your Spouse ___ Your Parent(s) were employed in 2015, but now are unemployed AND have been receiving unemployment benefits in 2017 for the past 90 days.

Required Documentation: 1) Statement explaining your situation. 2) Unemployment benefit award letter and current EDD check stubs (if applicable). 3) Last pay check stub(s) from all jobs in 2017 for all parties. 4) Part II (page 3) Statement of expected income.

2. ___ You ___ Your Spouse ___ Your Parent(s) has experienced a significant loss in income due to loss of a job, reduction in work hours or reduction in pay, or release from Active Duty, between 2015 and 2016; or between 2015 and 2017.

Please choose the year you will be reporting: 2016 2017

Required Documentation: 1) Statement explaining your situation. 2) 2016 Federal Tax Return if reporting reduction for 2016 year. 3) If reporting 2017 year, provide documentation of all income received in 2017 (after November 15, 2017, you must submit a signed copy of 2017 Federal Tax Return and W-2(s) for all parties instead of providing estimated income).

3. ___ You ___ Your Spouse were released from Active Duty since 2015 and your income is now significantly less

Required Documentation: 1) Statement explaining your situation. 2) DD214 3) documentation of all income received in 2017 (after November 15, 2017, you must submit a signed copy of 2017 Federal Tax Return and W-2(s) for all parties instead of providing estimated income, if you earned income in 2017).

4. ___ You ___ Your Spouse ___ Your Parent(s) who is the primary income earner in the household, has been unable to pursue normal income-producing activities for 90 days or more during 2017 due to a disability.

Required Documentation: 1) Statement explaining your situation. 2) Physician's statement on letterhead describing disability. 3) Last pay stub from all jobs in 2017 for all parties and documentation of disability benefits. 4) Part II (page 3) Statement of expected income, including Disability benefits.

5. ___ You ___ Your Spouse ___ Your Parent(s) received a one-time income on your 2015 Federal Tax Return (ex. inheritance, IRA rollover into a Roth IRA, back pay from social security, etc.).

Required Documentation: 1) Statement explaining your situation. 2) Signed copy of 2015 Federal Tax Return and W-2(s) for all parties on the tax return.

6. ___ You ___ Your Spouse ___ Your Parent(s) received supportive income in 2015 (ex. alimony, child support, social security benefits, etc.) but are no longer receiving these benefits in 2017.

Required Documentation: 1) Statement explaining your situation. 2) Copy of court or other document indicating date of termination.

7. ___ You ___ Your Parent(s) have become separated for at least 3 months (and no longer living together) or divorced after filling out FAFSA.

Date of official Separation or Divorce: _____

Required Documentation: Statement explaining your situation and supporting documents of divorce or separation (ex: recent bills/Driver's License/mail showing different address)/proof of divorce/separation (if applicable).

8a. ___ Your Spouse ___ Your Parent(s) whose 2015 income was reported on your FAFSA has died after filling out FAFSA.

Date of Death: _____

Required Documentation: 1) Statement explaining your situation. 2) Death Certificate. 3) Signed copy of 2015 Federal Tax Return and W-2(s) for all parties.

8b. **Dependent Students Only:** Your last surviving parent died after filing your FAFSA.

Date of Death: _____

Required Documentation: 1) Statement explaining your situation. 2) Death Certificate. 3) Your signed copy of 2015 Federal Tax Return, and W-2(s) (if applicable).

9. ___ You ___ Your Spouse ___ Your Parent(s) has extraordinary expenses (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: A statement explaining your situation. A summary of the expenses in 2015 or 2017 (separate the expenses associated with each condition if there is more than one major medical condition), copy of medical invoice, and proof of payments. **Feel free to use item 2 on Part II (page 3) of this form to complete this requirement.**

10. ___ You married after submitting your 17-18 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, 2018

Required Documentation: 1. Statement explaining your situation. 2. Marriage Certificate; 3. Yours and your spouse's signed copy of 2015 Federal Tax Return and W-2(s) / or 2015 IRS Verification of non-filing status (IRS form 4506).

11. ___ OTHER _____

In a clear statement, specify other circumstances impacting your financial situation that should be considered in evaluating your eligibility for financial aid for 2017-18, and provide appropriate documentation of those circumstances.

PART II. STATEMENT OF EXPECTED INCOME AND EXPENSES FROM 01/01/17 TO 12/31/17

After November 15, 2017, you must submit a signed copy of 2017 Federal Tax Return and W-2(s) for all parties instead of providing expected 2017 income, if you earned income in 2017.

Expected Income in 2017 (please attach with supporting document, if applicable):

Month	Student	Spouse	Parent 1	Parent 2	Source of Income
Ex: Jan. 2017	\$1100				Work (\$500); SSI (\$600)
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL					

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/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