



1112



Date Received: _____

**Las Positas College
SPECIAL CIRCUMSTANCES PETITION 2011-2012 - DEPENDENT STUDENT**

Student Name:	Date:
Address:	W#:
City, State, Zip:	SS#:
Email:	Phone #:
	<i>Staff reviewer:</i>

According to federal laws and regulations, your and your parents' 2011 income is used to assess your eligibility for financial aid for the 2011-11 school year. However, there are "special circumstances" under which we may be able to recalculate your eligibility for financial aid, including:

- ◆ You or your parents' 2011 income will be less than 2010 income
- ◆ Your family's circumstances have changed (divorce, separation, death of parent)
- ◆ You or your parents have unusual debts (excluding personal loan or credit card debt)
- ◆ Your family has unusually high medical/dental expenses (in excess of 11% of total income)
- ◆ Your family paid or is paying tuition/fees for private **elementary/secondary** education for your parents' dependent(s)
- ◆ Your family is paying for adult care expenses
- ◆ Your parent(s) enrolled at least half-time in a degree, certificate, or other program leading to a recognized educational credential at a Title IV-eligible institution. (Separate verification form is required.)

What to do now?

1. If you or your parent(s) meet at least one of the circumstances listed above, complete the sections of this form that pertain to you, and submit it to the Financial Aid Office with all required documentation.
2. Incomplete applications or missing documentation will not be processed or reviewed.
3. Financial Aid staff will review all information presented and make adjustments if warranted. You will receive a response by email advising of approval or denial of your request.
4. We will not process "loss of income from work" adjustments based on estimated annual income after November 15th each year. We will require submission of actual 2011 federal taxes for documentation of adjustments, which will delay review until student and parent are able to accurately file and provide signed copies of 2011 federal taxes.
5. Check Class Web for updates to your application status, eligibility, or awards.

LOSS OF INCOME FROM WORK

Check the circumstance that applies to your situation, and complete the Income Worksheet on page 3 of this form. **You must provide official documentation of earnings to the date you submit this form (final pay stub, employer's statement, etc.), as well as documentation of any unemployment or disability benefits received or anticipated January through December 2011.**

If after November 15, 2011, or if you or your parents are self-employed, do not submit this application to our office until 2011 federal taxes have been completed. We will not accept estimated 2011 income or benefits after November 15, 2011.

- Layoff** Provide an official letter from employer stating the effective date of the layoff and/or anticipated return.
- Termination** Provide an official letter from employer stating the effective date of termination, and/or documentation from the Department of Labor, including all benefits received and anticipated in 2011.
- Disability** Attach medical documentation of the disability and the effective date. You do not need to include specific nature of disability.
- Quit or reduced employment** Provide an official letter from employer stating the effective date, scheduled weekly hours and pay rate.
- Other** _____

(specify reason for loss of income and attach supporting documentation)

LOSS OF SUPPORTIVE INCOME

Check the circumstance that applies to your situation, and complete the Income Worksheet on page 3 of this form.

- Alimony** Provide court documentation indicating date of termination.
- Unemployment** Provide documentation from the Department of Labor indicating the beginning and ending dates of this benefit and the amount received in 2011.
- Child Support** Provide court documentation indicating date of termination.
- Social Security** Provide documentation indicating date of termination
- Other** _____
Specify other circumstance and provide appropriate documentation.

ONE-TIME INCOME

Complete the Income Worksheet on page 3 of this form.

- In 2010, you or your parents received a one-time source of income such as: inheritance, moving expense allowance, back-year social security payments, IRA distribution, etc. Provide a signed copy of your or your parents' 2010 federal income tax return indicating moving expenses, IRA distribution, documentation from the Social Security Administration of back-year payments, etc. Additional documentation may be requested by Financial Aid after initial review. **Note: Winnings from gambling/lottery will not be excluded nor considered a special circumstance.**

List the one-time source of income and \$ - must provide documentation.

DIVORCE/SEPARATION/ DEATH OF PARENT

Complete the Income Worksheet on page 3 of this form.

- Since applying for financial aid, your parents have become divorced or separated. Provide legal documentation of the date of the divorce or separation, copies of parents' 2011 W-2(s), and a signed copy of parents' 2011 federal income tax returns.
- Since applying for financial aid, a parent is no longer living. Provide documentation of the date of death (death certificate), copies of parents' 2011 W-2(s), and a signed copy of parents' 2011 federal income tax return.

UNUSUALLY HIGH MEDICAL/DENTAL EXPENSES

Note: The federal needs analysis formula already protects up to 11% of the family's total income for anticipated / potential medical/dental expenses to determine financial aid eligibility. Therefore, **only the portion of expenses which exceed 11% will be considered an unusual circumstance.** If you or your parents itemized medical/dental expenses in 2010, provide a signed copy of the 2010 federal income tax return, with Schedule A. If medical/dental expenses were not itemized in 2010, provide **receipts** of medical and dental expenses **paid** (and not covered by insurance/3rd party) in 2010 or 2011, along with statement from insurance company or health care provider verifying expenses were not paid by external source or insurance.

You may only claim medical/dental expenses for yourself, your parents, or their dependents included on your application for financial aid. List below the family member for whom medical/dental expenses were incurred in 2011 or 2012:

Name of Family Member

Relationship to Student

ELEMENTARY/SECONDARY EDUCATION AND ADULT CARE EXPENSES

Provide documentation for each family member whom you included in your family size on your application for financial aid for whom your parents paid tuition/fees for private elementary or secondary education or adult care expenses during 2010 or 2011.

Name of Family Member

Relationship to Student

Documentation required: Signed 2010 federal income tax return (to verify dependents) and receipts for tuition or adult care payments made in **calendar year** 2010 or 2011.

UNUSUAL DEBTS

- Unusual debts (legal fees for divorce, adoption, education loans) for which you or your parents are currently making payments or made payments during 2010. Provide receipts or a payment summary from the person, company, or agency to whom or which money is owed. Documentation must include the following, and must have been incurred by student or parents. Review will be on a case by case basis, and personal or credit card debt will not be considered or approved.
- Type or cause of debt
 - Owed by whom Name _____ Relationship to Student _____
 - Amount of original debt
 - Balance owed on debt
 - Monthly payment amount
 - Date incurred
 - Date payments began and date payments end

CERTIFICATION

I (we) certify that the information provided on this form, and the accompanying documentation, is true and complete to the best of my (our) knowledge. I (we) agree to provide additional proof of the information that I (we) provided on this form if requested by the Las Positas Financial Aid Office. If I (we) do not provide the requested documentation, my Special Circumstances Application will not be processed.

Warning: If you purposely give false or misleading information on this application, you may be fined up to \$20,000, sentenced to jail, or both. You will be required to repay any and all aid that you receive as a result of false information provided, and will be referred for violation of student code of conduct for possible disciplinary action.

Student's Signature / Date	Mother/Stepmother's Signature / Date
Father/Stepfather's Signature / Date	

Important: Submit this application to the Las Positas Financial Aid Office with all requested documentation.

For Office Use Only

Prior year special circumstances: Yes No

Approved Old EFC: _____ Trans#: _____ New EFC: _____ Trans#: _____

Denied _____
reviewed by / date

To calculate estimated tax paid:

$$\frac{\text{Projected year's AGI ()}}{\text{Base year's AGI ()}} \times \text{Base year's tax paid} = \$ \text{_____}$$

Comments/adjustments made:
