

Special Circumstances 2015-2016

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This form is used to request a review of your financial aid eligibility as a result of changes in <u>some</u> circumstances which occurred <u>after</u> you filed your 2015-2016 FAFSA. **If you are requesting an adjustment for lost wages, do not use this form.** You would need to use an <u>Employment Income Adjustment</u> form which is <u>only</u> accepted after <u>2015</u> tax returns and W-2's can also be submitted. Employment Income Adjustment forms will not be available nor accepted until January 2015 due to this.

All items must be complete and submitted at the same time:

- 1) Please review the "Special Circumstances" in Section I. If you and/or your parents meet one or more of the special circumstances, check the appropriate box(es). Attach documents and/or information as requested in the Documentation column for your circumstance.
- 2) Complete Section II with Personal Statement providing more detail and dates of circumstance.
- 3) Submit a 2014 Tax Transcript or Federal Tax Return and W-2's for review of circumstance if you have not already done so.

Important: All attachments must be dated, signed, and include the name and CCC ID number of the student. Please allow a minimum of 2-3 weeks for processing of this request.

Note: Submission of this form does not ensure a change or increase in your award. You will be notified of the results.

SECTION I

Check the circumstance which applies and provide the documentation that is requested for each situation.			
SPECIAL CIRCUMSTANCE	PARENT	STUDENT	DOCUMENATION
Loss or reduction of child support or other benefits	A parent who received income or benefits in 2014 had this income/benefit reduced or terminated during 2015 (such as child support, disability, unemployment, etc.)	You (or your spouse) received income or benefits in 2014 but had this income/benefit reduced or terminated during 2015 (such as child support, disability, unemployment, etc.)	In Section II-Personal Statement or on a separate sheet of paper you need to specify: 1-Type of income or benefit; 2-Amount received during 2014; 3-Reasons and date of termination or reduction.
Separation or divorce	Parents have separated or divorced after you applied for federal student aid.	You and your spouse have separated or divorced after you applied for federal student aid.	1-Date of separation or divorce: /
Death	A parent has died after you applied for federal student aid.	Your spouse has died after you applied for federal student aid.	1-Name of deceased and relationship to student; 2-Attach copy of death certificate, obituary notice or printed memorial program.
Unusual debt or expenses in 2014	A parent incurred unusually high debt or expense during 2014 due to a circumstance such as significant medical/dental out of pocket expenses not covered by insurance, or elementary/secondary school tuition that has created financial hardship.	Student/spouse incurred unusually high debt or expense during 2014 due to a circumstance such as significant medical/dental out of pocket expenses not covered by insurance, or elementary/secondary school tuition that has created financial hardship	In Section II-Personal Statement or on separate sheet of paper you need to specify: 1-Description of debt or expense; 2-Total amount of debt or expense; 3-Explanation of hardship. Important: Documents supporting this expense or debt must accompany this form.

SECTION II

The special circumstance on this form belongs to (plea	se check one):
Parent Special Circumstances –Parent provide	personal statement below.
Student Special Circumstances-Student provid	le personal statement below.
	(parent or student) must be the one to provide a personal listing date it occurred. Read Section I Documentation column ude any required details below.
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All of the information provided by me, or any other pe agree to provide further documentation for any informa-	tification Statement rson, is true and complete to the best of my knowledge. If requested, I ation I have submitted to clarify my situation. I understand that subject me to fines, penalties, and/or termination of financial aid.
Student name (printed)	CCC ID number
Student signature Date	Parent signature (if dependent) *This must be the signature of the parent who provided
Student phone number	Personal Statement above.
Fii Colu 16 A	with all the requested documentation to: nancial Aid Office mbia Hall Room 116 51 Lexington Ave. storia, OR 97103 ax: 503-338-2337
