

Return To:  
 Santiago Canyon College  
 Financial Aid Office, E-104  
 8045 E. Chapman Ave  
 Orange, CA 92869  
 714-628-4876

Name: _____
Student ID#: _____
Student Phone #: (____) _____
Student email: _____

## SPECIAL CIRCUMSTANCE REQUEST FORM

Please complete this form if your income and/or your spouse's or parent's income will be significantly less this year than it was last year or you have had some other dramatic financial changes due to circumstances beyond your control.

**STEP I: Reason for Special Circumstance (Check appropriate reason)**  
**Check required documents on the next page**

	DATE(S)	OFFICE USE ONLY (FAO comments)
<b>A.</b> <input type="checkbox"/> Unemployment or change in employment		
<b>B.</b> <input type="checkbox"/> Unusual medical or dental expense		
<b>C.</b> <input type="checkbox"/> Tuition expenses (private elementary/secondary)		
<b>D.</b> <input type="checkbox"/> One-time lump sum pay out or income (bonus pay)		
<b>E.</b> <input type="checkbox"/> Other Special Circumstance (explain)		

**Step II: Estimate Expenses/Income (Provide source of income for current calendar year)**

Yearly Expenses for ENTIRE Year of 20____ (January 1-December 31)		ALL Sources of Income for Entire Year of 20____ (January 1-December 31)	
Rent or Mortgage Payment	\$	Work Earnings	\$
Property taxes (if separate)	\$	Unemployment	\$
Utilities (gas, phone, electric, water, cell phone, cable, etc.)	\$	Family/Friends/Church/Charity Agencies	\$
Insurance (auto, health, other)	\$	SSI/Disability	\$
Food	\$	CalWORKs, TANF	\$
Transportation (gas, maintenance, etc.)	\$	Food Stamps/WIC	\$
Entertainment	\$	Child Support	\$
Miscellaneous	\$	Credit Cards/Loans	\$
<b>Other</b>	\$	Financial aid/Scholarships	\$
<b>EXPENSES TOTAL FOR 20____</b>	<b>\$</b>	<b>INCOME TOTAL FOR 20____</b>	<b>\$</b>

**\*\*Please see required documentation on reverse side →**

### STEP III: Required Documentation

#### A. Unemployed/Dislocated or change in employment

- Employment discontinuation from previous employer
- Letter from EDD showing unemployment benefits (dollar amounts and dates)
- Copy of last pay stub
- Copies of previous and current year Federal Income Tax returns, and W-2's
- Attach a separate written statement explaining your situation including dates

#### B. Unusual medical/dental expenses

- Copies of previous and current year Federal Income Tax returns, and W-2's
- Copies of unreimbursed medical/dental bills paid
- Attach a separate written statement explaining your situation including dates
- Other \_\_\_\_\_

#### C. Tuition expenses at a private elementary/secondary school

- Current verification of enrollment and tuition paid from the Admissions/Registrar's Office
- Attach a separate written statement explaining your situation including dates

#### D. One-time lump sum pay out/income (e.g., gambling winnings, bonus pay, IRA or pension distribution)

- Copies of previous and current year Federal Income Tax returns, and W-2's
- Documentation showing one-time sum (e.g., check stub, letter from employer, etc.)
- Attach a separate written statement explaining your situation including dates

#### E. Other Special Circumstances

- Type of special circumstance: \_\_\_\_\_
- Attach a separate written statement explaining your situation including dates
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### STEP IV: Read and Sign

\*All requests for special circumstances will be evaluated on a case by case basis under professional judgment guidelines and may affect your financial aid eligibility. In addition, each student's circumstances are unique; therefore financial aid eligibility may differ for family members who apply for Title IV funds at Rancho Santiago Community College District. The decision of the Financial Aid Administrator **cannot** be appealed to the U.S. Department of Education.

Each person signing this form certifies that all the information reported on it is complete and correct.

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

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**WARNING:** If you purposely give false or misleading information on this worksheet you may be fined, sent to prison, or both.

#### OFFICE USE ONLY

Financial Aid Decision:  Approved  Denied

IPA:

30% Food

22% Housing

9% Transportation

16% Clothing/personal

11% Medical

12% Other family consumption

Original EFC \_\_\_\_\_ Revised EFC \_\_\_\_\_

Financial Aid Staff \_\_\_\_\_ Date \_\_\_\_\_

*\*Section 479A of the HEA specifically gives the financial aid administrator (FAA) the authority to use professional judgment to make adjustments on a case-by-case basis to the cost of attendance or to the values of the items used in calculating the EFC to reflect a student's special circumstance.*