



Umpqua Community College  
 Financial Aid Office  
 PO Box 967  
 Roseburg, Oregon 97470  
 541.440.4602 | 541.440.4612 (FAX)  
 FinancialAid@umpqua.edu

**2016-2017  
 Special Circumstances Request**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate/Message Phone \_\_\_\_\_

This request is used when the income reported on the 2016-2017 FAFSA is greater than the expected income for 2016, due to a change in financial circumstances beyond the student’s control. This does not include personal choice situations. (*Personal choices, while they may be well intended, do not constitute extenuating circumstances for which the student has no control.*)

**Step 1 – ALL STUDENTS MUST SUBMIT THE FOLLOWING DOCUMENTATION**

**Attach a detailed signed statement explaining your change in income, including dates.**

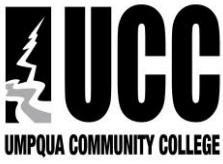
**YOUR REQUEST WILL NOT BE REVIEWED WITHOUT DOCUMENTATION**

**Step 2 – CIRCUMSTANCES TO BE CONSIDERED (Check One)**

<input type="checkbox"/> Loss of Employment	<input type="checkbox"/> Loss of Benefits	<input type="checkbox"/> Death of Parent (dependent students only)
<input type="checkbox"/> Unusual Expenses	<input type="checkbox"/> Deduction of a One-Time Payment	<input type="checkbox"/> Other (List and provide documentation) _____

**Step 3 – IN ADDITION TO THE ABOVE, THE FOLLOWING DOCUMENTATION IS REQUIRED**

<p><b><u>LOSS OF EMPLOYMENT</u></b> – Student/Parent was working during 2015, but is now working fewer hours or is unemployed.          ⇒ <i>Verification of 2016 Unemployment benefits being received</i></p>	<p><b><u>LOSS OF BENEFITS</u></b> – (i.e. Child Support or Social Security) Student/Parent has lost some or all benefits.          ⇒ <i>Last check stub(s) or printout of benefit(s) received</i>          ⇒ <i>Letter from agency verifying date and amount of benefit(s) lost</i></p>
<p><b><u>DEDUCTION OF ONE-TIME PAYMENT</u></b> – Student/Parent received a ONE-TIME PAYMENT (Pension, IRA, Annuities, Gambling Winning, Settlement, Capital Gains, etc.)          ⇒ <i>Letter explaining the nature of the one-time payment</i>          ⇒ <i>Explanation of how one-time payment was spent</i></p>	<p><b><u>DEATH OF A PARENT</u></b> – Parent passed away after the FAFSA was filed.          ⇒ <i>Documentation of death (Death Certificate)</i></p>
<p><b><u>ADDITIONAL/UNUSUAL EXPENSES</u></b> – Student/Parent has unusual medical/dental expenses not covered by insurance, Dependent/Elder Care expenses, and family paying private elementary/secondary school tuition or parent in college.          ⇒ <i>Copy of paid receipts for elementary/secondary tuition, dependent care, etc.</i>          ⇒ <i>Detailed breakdown of paid receipts for elder care, medical, etc.</i></p> <p><b><u>NOTE:</u></b> <i>Medical/dental expenses up to 11% of the family’s income are taken into account by the federal needs analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 11% will be considered an unusual circumstance.</i></p>	



**INSTRUCTIONS FOR REDUCED INCOME**

**PLEASE NOTE:** *You must submit the completed Special Circumstance form with all documentation.*

When you or your family have a change of income and request a change in eligibility based on the reduced figures for 2016 instead of the 2015 income filed on the FAFSA application, you must do several things:

**1. Explain the reason for this request in a detailed signed statement.**

**Complete Step 4** (*the total of Actual YTD and Projected income should give a complete picture of earnings for 2016*).

**In Step 4 "Actual YTD, from Jan 1 to \_\_\_\_\_",**

- Enter the date you are filling out the form.
- Declare your households actual year-to-date (YTD) 2016 earnings from all jobs (i.e. yourself if single, yourself and spouse if married, or yourself and parents if you are dependent.)
- You must submit supporting documentation on all of the household earnings (see step 3).

**In Step 4 "Projected, from \_\_\_\_\_ to Dec 31",**

- Enter the date of the day after you are filling out the form. (e.g. If you put Mar. 3 above, put Mar. 4 here)
- Provide a "best estimate" of your households projected earnings for this period.
- Explain how you came up with these projected income figures in your attached explanation statement.

**EXAMPLE of PROJECTED EARNINGS:**

⇒ My spouse has worked at the same job all of 2016 and will continue to work at the same rate of pay. The total YTD earnings for my spouse are \$10,758 which covers 21 weeks. That is equal to \$512.29 per week (\$10,758 divided by 21 = \$512.29). Therefore, I project my spouse will make \$15,881 (\$512.29 x 31 remaining weeks.)

⇒ My household's total projected earnings are: Myself, \$4080 part-time earnings. My spouse will make \$15,881. Total projected earnings = \$19,961.

**FINANCIAL AID OFFICE USE ONLY**

**Action Taken:**     Granted     Not Granted

**Reason/Rationale:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Financial Aid Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Special Circumstances Request**

**Step 4 – (Student)**

Type of Income	Student/Spouse		Required Documentation
<b>Earnings/Wages/Salaries</b> (including any income from work, tips, severance/holiday pay, business/farm income, etc. ONLY)  <b>DO NOT INCLUDE UNEMPLOYMENT IN THIS SECTION</b>	<b>Actual YTD</b> From Jan 1, 2016 to current	<b>Projected</b> Current to Dec 31, 2016	
	Student:	Student:	Final Pay Stub/Most recent Pay Stub. If no wages, printout from Employment Dept.
	Spouse:	Spouse:	Final Pay Stub/Most recent Pay Stub. If no wages, printout from Employment Dept.
<b>Unemployment Earnings</b>	Student/Spouse:	Student/Spouse:	Documentation for current year Unemployment Earnings
<b>Taxable Income</b> (Including rental income, taxable portions of pensions, etc.)			Statement from Agency providing interest income. Most recent balance sheet showing rental income
<b>Child Support Received</b>			Copies of cancelled checks. Printout from Child Support
<b>Other Untaxed Income</b> (Non-Education Veterans benefits, and Work-Study)			Document Non-Education Benefit and Work-Study
<b>Disability/Workers Compensation</b>			Documentation from Workers Compensation/Disability
<b>Any Other Income</b>			Document any other income
<b>2016 SNAP Benefits</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Submit documentation of SNAP benefits

**Step 4 – (Parent)**

Type of Income	Parent(s)		Required Documentation
<b>Earnings/Wages/Salaries</b> (including any income from work, tips, severance/holiday pay, business/farm income, etc. ONLY)  <b>DO NOT INCLUDE UNEMPLOYMENT IN THIS SECTION</b>	<b>Actual YTD</b> From Jan 1, 2016 to current	<b>Projected</b> Current to Dec 31, 2016	
	Parent 1:	Parent 1:	Final Pay Stub/Most recent Pay Stub. If no wages, printout from Employment Dept.
	Parent 2:	Parent 2:	Final Pay Stub/Most recent Pay Stub. If no wages, printout from Employment Dept.
<b>Unemployment Earnings</b>	Parent:	Parent:	Documentation for current year Unemployment Earnings
<b>Taxable Income</b> (Including rental income, taxable portions of pensions, etc.)			Statement from Agency providing interest income. Most recent balance sheet showing rental income
<b>Child Support Received</b>			Copies of cancelled checks. Printout from Child Support
<b>Other Untaxed Income</b> (Non-Education Veterans benefits, and Work-Study)			Document Non-Education Benefit and Work-Study
<b>Disability/Workers Compensation</b>			Documentation from Workers Compensation/Disability
<b>Any Other Income</b>			Document any other income
<b>2016 SNAP Benefits</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Submit documentation of SNAP benefits

**ATTACH ALL REQUIRED DOCUMENTATION**  
 This form will NOT be processed if documentation is not attached

Student Signature _____	Date _____
Spouse/Parent Signature _____	Date _____