



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

2017-2018
Special Circumstances Request
(Using 2017 Income)

Student Name _____ Student ID _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Alternate/Message Phone _____

This request is used when the income reported on the 2017-2018 FAFSA is greater than the expected income for 2017, 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.**

- Attach last paystub(s) received**

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><u>LOSS OF EMPLOYMENT</u> – Student/Parent was working during 2015, but is now working fewer hours or is unemployed. ⇒ <i>Verification of 2017 Unemployment benefits being received</i></p> | <p><u>LOSS OF BENEFITS</u> – (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><u>DEDUCTION OF ONE-TIME PAYMENT</u> – 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><u>DEATH OF A PARENT</u> – Parent passed away after the FAFSA was filed. ⇒ <i>Documentation of death (Death Certificate)</i></p> |
| <p><u>ADDITIONAL/UNUSUAL EXPENSES</u> – 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><u>NOTE:</u> <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> | |



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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 2017 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 2017*).

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) 2017 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 2017 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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Step 4 – (Student)

| Type of Income | Student/Spouse | | Required Documentation |
|--|---|--------------------------------------|--|
| | Actual YTD From Jan 1, 2017 to current | Projected Current to Dec 31, 2017 | |
| Earnings/Wages/Salaries (including any income from work, tips, severance/holiday pay, business/farm income, etc. ONLY) DO NOT INCLUDE UNEMPLOYMENT IN THIS SECTION | 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. |
| Unemployment Earnings | Student/Spouse: | Student/Spouse: | Documentation for current year Unemployment Earnings |
| Taxable Income (Including rental income, taxable portions of pensions, etc.) | | | Statement from Agency providing interest income. Most recent balance sheet showing rental income |
| Child Support Received | | | Copies of cancelled checks. Printout from Child Support |
| Other Untaxed Income (Non-Education Veterans benefits, and Work-Study) | | | Document Non-Education Benefit and Work-Study |
| Disability/Workers Compensation | | | Documentation from Workers Compensation/Disability |
| Any Other Income | | | Document any other income |
| 2017 SNAP Benefits | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Submit documentation of SNAP benefits |

Step 4 – (Parent)

| Type of Income | Parent(s) | | Required Documentation |
|--|---|--------------------------------------|--|
| | Actual YTD From Jan 1, 2017 to current | Projected Current to Dec 31, 2017 | |
| Earnings/Wages/Salaries (including any income from work, tips, severance/holiday pay, business/farm income, etc. ONLY) DO NOT INCLUDE UNEMPLOYMENT IN THIS SECTION | 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. |
| Unemployment Earnings | Parent: | Parent: | Documentation for current year Unemployment Earnings |
| Taxable Income (Including rental income, taxable portions of pensions, etc.) | | | Statement from Agency providing interest income. Most recent balance sheet showing rental income |
| Child Support Received | | | Copies of cancelled checks. Printout from Child Support |
| Other Untaxed Income (Non-Education Veterans benefits, and Work-Study) | | | Document Non-Education Benefit and Work-Study |
| Disability/Workers Compensation | | | Documentation from Workers Compensation/Disability |
| Any Other Income | | | Document any other income |
| 2017 SNAP Benefits | 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 _____ |