



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

2019-2020
Special Circumstances Request
(Using 2019 Income)

Student Name _____ Student ID _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Alternate/Message Phone _____

This request is used when the income reported on the 2019-2020 FAFSA is greater than the expected income for 2018, 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>LOSS OF EMPLOYMENT – Student/Parent was working during 2017, but is now working fewer hours or is unemployed. ⇒ <i>Verification of 2019 Unemployment benefits being received</i></p>	<p>LOSS OF BENEFITS – (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>DEDUCTION OF ONE-TIME PAYMENT – 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>DEATH OF A PARENT – Parent passed away after the FAFSA was filed. ⇒ <i>Documentation of death (Death Certificate)</i></p>
<p>ADDITIONAL/UNUSUAL EXPENSES – 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>NOTE: <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 2019 instead of the 2017 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 2019*).

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) 2019 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 2018 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:	<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted
Reason/Rationale:	_____

Financial Aid Administrator Signature	Date _____



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Step 4 – (Student)

Type of Income	Student/Spouse		Required Documentation
Earnings/Wages/Salaries (including any income from work, tips, severance/holiday pay, business/farm income, etc. ONLY) DO NOT INCLUDE UNEMPLOYMENT IN THIS SECTION	Actual YTD From Jan 1, 2019 to current	Projected Current to Dec 31, 2019	
	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
2019 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
Earnings/Wages/Salaries (including any income from work, tips, severance/holiday pay, business/farm income, etc. ONLY) DO NOT INCLUDE UNEMPLOYMENT IN THIS SECTION	Actual YTD From Jan 1, 2019 to current	Projected Current to Dec 31, 2019	
	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
2019 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 _____