



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

**2021-2022**  
**Special Circumstances Request**  
*(Using 2020 Income)*

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

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

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

This request is used when the income reported on the 2021-2022 FAFSA is greater than the expected income for 2020, 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.
- Must attach a signed tax return AND all W2’s and/or Wage & Earnings statement.

**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) _____

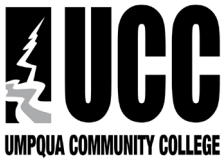
**Step 3 – IN ADDITION TO THE ABOVE, THE FOLLOWING DOCUMENTATION IS REQUIRED**

<p><b>LOSS OF EMPLOYMENT</b> – Student/Parent was working during 2019 or 2020, but is now working fewer hours or is unemployed.          ⇒ <i>Verification of 2020 Unemployment benefits being received</i></p>	<p><b>LOSS OF BENEFITS</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>DEDUCTION OF ONE-TIME PAYMENT</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>DEATH OF A PARENT</b> – Parent passed away after the FAFSA was filed.          ⇒ <i>Documentation of death (Death Certificate)</i></p>
<p><b>ADDITIONAL/UNUSUAL EXPENSES</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>NOTE:</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>	

*By signing below, I certify that the above information is true and correct. I also understand that if I give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.*

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

Spouse/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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**FINANCIAL AID OFFICE USE ONLY**

Action Taken:     Granted     Not Granted

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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