

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 2018 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.**
- 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) _____ |

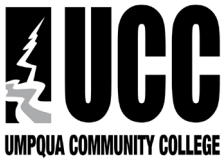
**Step 3 – IN ADDITION TO THE ABOVE, THE FOLLOWING DOCUMENTATION IS REQUIRED**

|  |  |
|--|--|
| <p><b>LOSS OF EMPLOYMENT</b> – Student/Parent was working during 2017, but is now working fewer hours or is unemployed.<br/>         ⇒ <i>Verification of 2018 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.<br/>         ⇒ <i>Last check stub(s) or printout of benefit(s) received</i><br/>         ⇒ <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.)<br/>         ⇒ <i>Letter explaining the nature of the one-time payment</i><br/>         ⇒ <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.<br/>         ⇒ <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.<br/>         ⇒ <i>Copy of paid receipts for elementary/secondary tuition, dependent care, etc.</i><br/>         ⇒ <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 \_\_\_\_\_