



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 2016 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 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.
- 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) _____

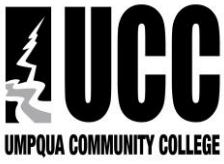
Step 3 – IN ADDITION TO THE ABOVE, THE FOLLOWING DOCUMENTATION IS REQUIRED

<p><u>LOSS OF EMPLOYMENT</u> – 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><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> <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>	

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 _____