

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

2022-2023 Special Circumstances Request (Using 2021 Income)

Student Name		Student ID					
Mailing Address		City_	Si	tate	Zip		
Phone	Alte	Alternate/Message Phone					
change in financial circumstance	come reported on the 2022-2023 FAFS es beyond the student's control. This c intended, do not constitute extenuatin	loes n	ot include personal choi	ce situat	tions. (<i>Personal</i>		
Step 1 – ALL STUDENTS MUST S	UBMIT THE FOLLOWING DOCUMENTA	ATION					
☐ Attach a detailed signed	statement explaining your char	nge ir	income, including	dates.			
☐ Must attach a signed tax	return <u>AND</u> all W2's and/or W	age 8	k Earnings statemen	ıt.			
YOUR REQUEST	WILL NOT BE REVIEW	/ED	WITHOUT DO	CUI	MENTATION		
Step 2 – CIRCUMSTANCES TO I	BE CONSIDERED (Check One)						
☐ Loss of Employment	☐ Loss of Benefits		☐ Death of Parent (d	lenend:	ent students only)		
□ Unusual Expenses	☐ Deduction of a One-Time Payment		□ Other (List and pro				
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Sten 3 - IN ADDITION TO TH	HE ABOVE, THE FOLLOWING DOCU	MFN	TATION IS REQUIRED				
Step 3 - IN ADDITION TO IT	it Above, The rollowing boco	IAILIA	ATION IS REQUIRED				
LOSS OF EMPLOYMENT – Stude	ent/Parent was working during 2020	LOS	S OF BENEFITS – (i.e. Chi	ld Suppo	ort or Social Security)		
or 2020, but is now working few		Stud	lent/Parent has lost som				
⇒ Verification of 2021 Unemployment benefits being received			⇒ Last check stub(s) or printout of benefit(s) received				
	⇒ Filed tax return for 2021 or last pay stub for 2021			⇒ Letter from agency verifying date and amount of			
•	tion for 2021 if filed taxes separately		benefit(s) lost				
	'MENT – Student/Parent received a	DEA	TH OF A PARENT – Pare	nt passe	d away after the FAFSA		
-	IRA, Annuities, Gambling Winning,	was	filed.				
Settlement, Capital Gains, etc.)			⇒ Documentation of d	eath (De	eath Certificate)		
⇒ Letter explaining the nature of the one-time payment							
	e-time payment was spent						
	ISES – Student/Parent has unusual me			-			
· _ · · · · · · · · · · · · · · ·	es, and family paying private elementar	-		parent i	n college.		
	or elementary/secondary tuition, deper		care, etc.				
-	paid receipts for elder care, medical, e						
	s up to 11% of the family's income are I eligibility. Therefore, only the portion						
	bove information is true and correct. I also	unders	tand that if I give false or r	nisleadin	g 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 C	FFICE USE ONLY	•		
Action Taken:	☐ Granted	☐ Not Granted		
Reason/Rational	e:			
Financial Aid Administrator Signature		 Date	 	