



2014 – 2015

Unusual Circumstances Form



Please check campus: Cañada College College of San Mateo Skyline College

A. Student Information

G0

Last Name	First Name	M.I.	Student ID Number	
Street Address	City	ST	Zip	Phone Number

B. Instructions

1. Complete Section C. You **must check** the reason(s) for your **unusual circumstances** and attach **ALL** required documentations.
2. Complete Section D. Report expected income and/or benefits for 2014. Select which 12 month period (Calendar Year OR Academic Year) you will be using. All sources require documentation.
3. Document your 2013 income by providing a signed and dated copy of your Federal Income Tax return and W-2s. Dependent students should include parent information. Submit signed copy of parent(s) tax return and W-2s. **Requests submitted after 1/1/2015 must include the 2014 signed Federal Tax Return and W-2 statements.**
4. Sign and date Section E. Certification and Authorization.
5. Return this form and all necessary documentation to your Financial Aid Office. Please feel free to include any supporting document(s) if you feel that it would be helpful in our review.

The purpose of this process is to help us understand the “before” and “after” nature of the change in situation.

C. Unusual Circumstances

Unusual Circumstances	Required Documents
<input type="checkbox"/> Loss of Employment	<input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed in 2014. Clearly report your projected income from all sources from the last date of employment until December 31, 2014. <input type="checkbox"/> Letter from previous employer regarding last date of employment <input type="checkbox"/> Copy of last paystub with year to date earnings <input type="checkbox"/> Documentation of any unemployment benefits (shows amount of benefit and start/end date)
<input type="checkbox"/> Decrease in Wage or Salary	<input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed in 2014 <input type="checkbox"/> Letter from previous employer regarding decrease in wage/salary <input type="checkbox"/> Copy of last paystub with year to date earnings before wage decrease <input type="checkbox"/> Copy of current paystub with year to date earnings after wage decrease <input type="checkbox"/> Documentation of any unemployment benefits (shows amount of benefit and start/end date)
<input type="checkbox"/> Decrease or Loss of Benefits	<input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed in 2014 <input type="checkbox"/> Third-party documentation that includes when the benefits were terminated/reduced

Must submit with valid photo ID

Cañada College	(650) 306-3307
College of San Mateo	(650) 574-6147
Skyline College	(650) 738-4236

IMPORTANT
Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.

<input type="checkbox"/> Divorce or Separation	<input type="checkbox"/> Letter of explanation. <input type="checkbox"/> Copy of divorce/separation decree or letter from an attorney <input type="checkbox"/> For Dependent Student: Custodial parent's income information <input type="checkbox"/> For Independent Student: Your income information
<input type="checkbox"/> Death of a Spouse or Parent	<input type="checkbox"/> Copy of Death Certificate <input type="checkbox"/> Documentation of any insurance settlement, Social Security Benefits, etc. <input type="checkbox"/> Copy of last check stub from the person's employment (if person worked in 2013)
<input type="checkbox"/> Unusual Medical/Dental Expenses PAID by family (not covered by insurance)	<input type="checkbox"/> Third-Party Documentation (i.e. receipts, cancelled checks, etc) <input type="checkbox"/> Schedule A of 2014 Federal 1040 (if used)
<input type="checkbox"/> Loss of Business or Farm due to bankruptcy, foreclosure or natural disaster	<input type="checkbox"/> Letter from attorney to verify this status
<input type="checkbox"/> Other	<input type="checkbox"/> PLEASE FULLY DOCUMENT your circumstance with necessary personal or third-party documents

D. Expected Income and Benefits in 2014

Select which 12 month period (Calendar Year **OR** Academic Year) you will be using. **Use one only.**

- Calendar Year - January 1, 2014 – December 31, 2014.**
- Academic Year - July 1, 2014 – June 30, 2015.**

You **must** report all income received or projected income from all sources for the 12 month period you selected.

NOTICE: If request is submitted after January 1, 2015, a signed copy of 2014 Federal Tax Return and W-2 statements must be submitted for changes in income. Dependent Students must submit parent(s) signed copy of 2014 Federal Tax Return and W-2 statements.

Calendar Year (January 1, 2014 – December 31, 2014)					
Projected Income	Sources of Income (work, unemployment, etc.)	Student	Spouse (if married)	Mother (if dependent)	Father (if dependent)
Jan 2014		\$	\$	\$	\$
Feb 2014		\$	\$	\$	\$
Mar 2014		\$	\$	\$	\$
Apr 2014		\$	\$	\$	\$
May 2014		\$	\$	\$	\$
Jun 2014		\$	\$	\$	\$
Jul 2014		\$	\$	\$	\$
Aug 2014		\$	\$	\$	\$

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Sep 2014		\$	\$	\$	\$
Oct 2014		\$	\$	\$	\$
Nov 2014		\$	\$	\$	\$
Dec 2014		\$	\$	\$	\$

Academic Year (July 1, 2014 – June 30, 2015)					
Projected Income	Sources of Income (work, unemployment, etc.)	Student	Spouse (if married)	Mother (if dependent)	Father (if dependent)
Jul 2014		\$	\$	\$	\$
Aug 2014		\$	\$	\$	\$
Sept 2014		\$	\$	\$	\$
Oct 2014		\$	\$	\$	\$
Nov 2014		\$	\$	\$	\$
Dec 2014		\$	\$	\$	\$
Jan 2015		\$	\$	\$	\$
Feb 2015		\$	\$	\$	\$
Mar 2015		\$	\$	\$	\$
Apr 2015		\$	\$	\$	\$
May 2015		\$	\$	\$	\$
Jun 2015		\$	\$	\$	\$

E. Certification and Authorization

- I certify that all of the information provided on this form is complete and correct to the best of my knowledge.
- I understand that I may be asked to submit additional documentation if necessary.
- I understand that if I do not fully document my special circumstance, my request may be denied.
- I understand that a change in income, benefits or other circumstance may not always result in additional funding.
- I understand I cannot submit this form and documentation until after my 2014-15 FAFSA has been filed.
- I understand false information may result in financial aid being revoked.

Student Signature

Date

Parent Signature (Required for Dependent Student only)

Date

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