STUDENT
SPECIAL CIRCUMSTANCES PETITION FORM
FOR 2010-2011

STUDENT NAME__________________________________________STUDENT ID K00___________________
ADDRESS____________________________________________________________________________________
PHONE NO. ______________________________________________ DATE______________________________

The Department of Education allows Financial Aid offices to use professional judgment to re-evaluate financial aid eligibility when the family income is lower for 2010 than the 2009 income required for the FAFSA. Please note that our office requires a complete 2010-11 FAFSA before we can consider making adjustments.

Is this request for E.O.P.S. (Extended Opportunity Programs & Services)? ☐ Yes ☐ No

Section 1: Change in Financial Circumstances from 2009 to 2010. Check all that apply:

☐ Loss of Income due to Loss of Employment/Forced Reduction in Work Hours
☐ Loss of One-Time Income
☐ Loss of Income due to Divorce/Separation
☐ Loss of Income due to Death of Spouse or Parent
☐ Financial Loss/Hardship Due to Natural Disaster

Section 2: Projected Income Worksheet and Statement

☐ Complete Section 3, Student 2010 Projected Income Worksheet (page 2)
☐ Per the reason(s) chosen in Section 1, provide statement with a brief history of the circumstances that led to the change in your financial situation for 2009. Include dates that income for 2009 changed or stopped. Your statement should also give further explanation of the sources of income for 2010 noted in Section 3, Student 2010 Projected Income Worksheet.
### Section 3: Student 2010 Projected Income Worksheet

<table>
<thead>
<tr>
<th><strong>STUDENT:</strong></th>
<th>Start date</th>
<th>End date</th>
<th>Student Total Income</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td>Provide last pay stub with YTD earnings</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td>Provide last pay stub with YTD earnings</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
<td>Provide copy of Notice of Computation statement from EDD Disability Ins.</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td></td>
<td></td>
<td></td>
<td>Provide copy of Notice of Unemployment Insurance Award</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td>Provide documentation regarding income</td>
</tr>
</tbody>
</table>

Total Student Income: $______________

<table>
<thead>
<tr>
<th><strong>SPOUSE:</strong></th>
<th>Start date</th>
<th>End date</th>
<th>Spouse Total Income</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td>Provide last pay stub with YTD earnings</td>
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<td></td>
<td></td>
<td>Provide documentation regarding income</td>
</tr>
</tbody>
</table>

Total Spouse Income: $______________

\[
\text{Student Total Income: } \quad $\; \text{__________} \\
+ \quad \text{Spouse Total Income: } \quad \text{__________} \\
\quad \text{= Grand Total Family Income: } \quad \text{__________}
\]
PETITION CHECKLIST: Incomplete petitions will not be accepted

Section 4: Verification Documentation Required for any Change in Financial Circumstances:

☐ Check this box if 2010 – 2011 Dependent or Independent Verification has already been submitted.


☐ Copy of signed 2009 federal income tax return (for petitions submitted before 12/31/2010). Do not submit tax schedules or additional forms.

☐ Copy of signed 2010 federal income tax return (for petitions submitted after 12/31/2010). Do not submit tax schedules or additional forms.

Section 5: Additional Documentation required for the following:

☐ Loss of Income due to Loss of Employment/Forced Reduction in Work Hours
   ______ Letter from employer with last date of employment or date of forced reduction in hours (if available)
   ______ Last pay stub reflecting year-to-date earnings

☐ Loss of Income due to Divorce/Separation
   ______ Date of Separation/Divorce: ______________
   ______ Copy of Divorce Decree or Statement of Separation (if available)
   ______ Asset Information form – report individual portion of assets due to divorce/separation.
      Find it here: http://www.sbcc.edu/financialaid/files/Form%20AssetV1.0.pdf

☐ Loss of Income due to Death of Spouse or Parent
   ______ Photocopy of death certificate

☐ Financial Loss/Hardship Due to Natural Disaster
   ______ Actual 2009 natural disaster expenses not covered by insurance $ __________________
   ______ Estimated 2010 natural disaster expenses not covered by insurance $__________________
   ______ Documentation substantiating figures listed above (e.g., a copy of your FEMA disaster assistance form, or insurance appraisal, photocopies of all bills and receipts for repairs, etc.).
PROCESSING TIMELINE

Special Circumstances Petitions are reviewed solely by the Director of the Financial Aid Office. Expected review time is between 4 to 6 weeks from date that a complete petition is submitted. Students will be notified by an email to their Pipeline account if awards are adjusted. Students will be contacted by their financial aid advisor if the petition is not approved.

CERTIFICATION

I certify that the information and documentation provided is true and correct. I understand that income or expenses not documented will not be considered. I further understand that if this petition is based on projected year income, I may, at some point, be required to provide additional information to confirm projected-year income. I also understand that if 2010 actual income varies from the 2010 projected income, the financial aid award may be adjusted and I may be responsible for repaying any overpayment of aid received. I understand that this is an appeal for consideration and submission does not constitute and/or guarantee approval.

Student Signature____________________________________________  Date______________________

Spouse Signature______________________________________________________  Date __________________________

For Office Use Only:

Date Submitted _________________   By Advisor (initial) ______________________

Approved ____________

Denied ______________

Date EC Processed ____________  Original EFC ____________  New EFC ____________