



## REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES 2011 – 2012

|                                                       |       |      |
|-------------------------------------------------------|-------|------|
| <b>Name of Financial Aid Applicant (please print)</b> |       |      |
|                                                       |       |      |
| Last                                                  | First | M.I. |
| <b>Student ID Number</b>                              |       |      |
|                                                       |       |      |

You may use this form to request a review of extenuating circumstances which were not reflected on your 2011-2012 Financial Aid application (FAFSA).

Before completing this form, please be sure that you and/or your spouse or parent(s) meet one of the following conditions:

**Check the box that reflects your circumstances.**

- Student, student's spouse, or student's parent(s) had a significant loss of income in the 2011 calendar year. **Go to Section I and complete all items that apply.**
- Student, student's spouse, or student's parent(s) received benefits (such as Social Security, CalWORKSs, child support) in 2010 and has lost those benefits in 2011, or there has been a loss or change in family assets. **Go to Section II and complete all items that apply.**
- Student or student's parents became separated/divorced *after* filing the FAFSA; or there has been a death of spouse or parent. **Go to Section III and complete all items that apply.**
- Student or student's family has extraordinary expenses during 2011 (e.g. medical, child care, private school tuition). **Go to Section IV and complete all items that apply.**
- Student or student's parent(s) are unemployed in 2011. **Attach EDD claim for unemployment and EDD check stubs showing the benefit received for at least 90 days (dated within the last 90 days).**
- Withdrew from class(es) due to illness or accident or unable to register in required course due to class not offered in 2011-2012. **Attach verifiable documentation.**

**NOTE:** *If you do not meet one of the above conditions, you are not eligible for a review of special circumstances and your aid application will be processed using the information provided on your FAFSA.*

**Signatures are required for all persons reporting income on this form.**

I/We hereby certify that all information reported on this form and any attachments hereto are true, complete and accurate. False statements and/or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

|                            |                         |      |
|----------------------------|-------------------------|------|
| Signature of Applicant     | Phone Number (day time) | Date |
| Signature of Spouse/Parent | Phone Number (day time) | Date |

**Return the completed form (all 4 pages) with all attached documents to the Financial Aid Office at Ohlone College.**

**SECTION I. REDUCED INCOME**

**A.** The **STUDENT** and/or spouse will have a significant loss of income in the 2011 calendar year. (Parents, if applicable, complete Part B.)

**DO ALL OF THE FOLLOWING:**

1. **Write** a personal statement which explains your and/or your spouse's employment history during 2010 and 2011. Provide the dates of employment, the number of hours worked per month, and current employment status. **Attach a copy of your most recent federal tax return.**
2. **Attach** a letter from your and/or your spouse's former employer verifying the last date of employment. If you and/or your spouse have changed jobs or reduced your hours, attach a letter from the current employer verifying work hours and hourly pay or salary.
3. **Itemize** total monthly income and/or severance pay from work (both actual and estimated). Do not leave any months blank.

*January 2011 to December 2011*

|                  | <b>STUDENT</b> | <b>SPOUSE</b> |
|------------------|----------------|---------------|
| <b>January</b>   | \$             | \$            |
| <b>February</b>  | \$             | \$            |
| <b>March</b>     | \$             | \$            |
| <b>April</b>     | \$             | \$            |
| <b>May</b>       | \$             | \$            |
| <b>June</b>      | \$             | \$            |
| <b>July</b>      | \$             | \$            |
| <b>August</b>    | \$             | \$            |
| <b>September</b> | \$             | \$            |
| <b>October</b>   | \$             | \$            |
| <b>November</b>  | \$             | \$            |
| <b>December</b>  | \$             | \$            |

4. **Attach** a detailed letter listing your monthly expenses and how you meet those expectations (food, rent, utilities, etc.)
5. **Attach** copies of pay stubs to document any amounts already earned.
6. **List** all other types of income you and/or your spouse will/have receive(d) between January and December 2010 from any of the following sources. Attach documentation of all amounts listed above.

|                                                                                            | <b>STUDENT<br/>(Monthly Amt)</b> | <b>STUDENT<br/>(# of Months)</b> | <b>SPOUSE<br/>(Monthly Amt)</b> | <b>STUDENT<br/>(# of Months)</b> |
|--------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|---------------------------------|----------------------------------|
| Unemployment Benefits:                                                                     | \$                               |                                  | \$                              |                                  |
| Disability/Social Security:                                                                | \$                               |                                  | \$                              |                                  |
| CalWORKS/General Assistance:                                                               | \$                               |                                  | \$                              |                                  |
| Other: (Include alimony, investment income, capital gains, interest income, pension, etc.) | \$                               |                                  | \$                              |                                  |

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**B.** The student's **PARENT(S)** will have a significant loss of income in the 2011 calendar year.

**DO ALL OF THE FOLLOWING:**

1. **Write** a personal statement which explains parent's employment history during 2011. Provide the dates of employment, the number of hours worked per month, and current employment status.
2. **Attach** a letter from parent's previous employer verifying the last date of work. ***Attach a copy of your parent(s) most recent federal tax return.***
3. **Itemize** parent's total monthly income from work and/or severance pay (both actual and estimated). Do not leave any months blank. If parents will have no taxable/untaxable income, write zero and *attach* a letter explaining how the family was supported.

| YEAR: 2011 | FATHER | MOTHER | YEAR: 2011 | FATHER | MOTHER |
|------------|--------|--------|------------|--------|--------|
| January    | \$     | \$     | July       | \$     | \$     |
| February   | \$     | \$     | August     | \$     | \$     |
| March      | \$     | \$     | September  | \$     | \$     |
| April      | \$     | \$     | October    | \$     | \$     |
| May        | \$     | \$     | November   | \$     | \$     |
| June       | \$     | \$     | December   | \$     | \$     |

4. **Attach** a detailed letter listing your monthly expenses and how you meet those expenses (food, rent, utilities, etc.)
5. **Attach** copies of pay stubs to document any amounts already earned.
6. **List** all other types of income parents will/have receive(d) between January 1 and December 31, 2011 from all of the following sources. *Attach* documentation of all amounts listed below:

|                                                                                            | FATHER<br>(Monthly Amt) | FATHER<br>(# of Months) | MOTHER<br>(Monthly Amt) | MOTHER<br>(# of Months) |
|--------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Unemployment Benefits:                                                                     | \$                      |                         | \$                      |                         |
| Disability/Social Security:                                                                | \$                      |                         | \$                      |                         |
| CalWORKS/General Assistance:                                                               | \$                      |                         | \$                      |                         |
| Other: (Include alimony, investment income, capital gains, interest income, pension, etc.) | \$                      |                         | \$                      |                         |

**Signatures are required for all persons reporting income on this form.**

I/We hereby certify that all information reported on this form and any attachments hereto are true, complete and accurate. False statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

|                                      |                                  |               |
|--------------------------------------|----------------------------------|---------------|
| _____<br>Signature of Applicant      | _____<br>Phone Number (day time) | _____<br>Date |
| _____<br>Signature of Spouse//Parent | _____<br>Phone Number (day time) | _____<br>Date |

**Return the completed form (all 4 pages) with all attached documents to the Financial Aid Office at Ohlone College.**

**SECTION II. LOSS OF BENEFITS/CHANGE IN ASSETS**

A. Who is the person who received benefits in 2011?

\_\_\_\_ Student                      \_\_\_\_ Student's spouse                      \_\_\_\_ Student's parent(s)

B. What type of benefit(s) was received in 2011 (e.g. child support, social security, etc.)

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C. What date was the benefit terminated or reduced?                      \_\_\_\_/\_\_\_\_/\_\_\_\_

D. What amount will be received from January 1 through December 31, 2011? (If none, put zero.)

Amount Per Month: \$ \_\_\_\_\_                      Number of Months: \_\_\_\_\_

E. **Attach** a written explanation of change in assets; **include** documentation of the type of asset (e.g. bank accounts, real estate, etc.) and current value.

**SECTION III. SEPARATION, DIVORCE, DEATH**

A. Student has become separated or divorced:

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      **Attach** court and asset distribution documents, if available.

B. Student's parents have become separated or divorced:

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      **Attach** court and asset distribution documents, if available.

C. Student's spouse has died:                      \_\_\_\_/\_\_\_\_/\_\_\_\_                      **Attach** documentation.

D. Student's parent(s) has died:                      \_\_\_\_/\_\_\_\_/\_\_\_\_                      **Attach** documentation.

**SECTION IV. EXTRAORDINARY EXPENSES**

**List** the amounts the student or family will pay between August 2011 and May 2012, and **attach proof** (e.g. copies of bills, etc.):

|                                                            | STUDENT<br>(Monthly Amt) | STUDENT<br>(# of Months) | FAMILY<br>(Monthly Amt) | FAMILY<br>(# of Months) |
|------------------------------------------------------------|--------------------------|--------------------------|-------------------------|-------------------------|
| Medical/Dental Expenses <b>not covered by insurance:</b>   | \$                       |                          | \$                      |                         |
| Child Care for student's dependent children:               | \$                       |                          | \$                      |                         |
| Children's private elementary or secondary school tuition: | \$                       |                          | \$                      |                         |
| Other: <b>Attach</b> a written statement explaining.       | \$                       |                          | \$                      |                         |

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