

**Return to:**  
**Ohlone College**  
 Financial Aid Office  
 Building 7, 2<sup>nd</sup> Floor  
 43600 Mission Blvd.  
 Fremont, CA 94539  
 510-659-7309 (Fax)  
 financial\_aid@ohlone.edu



## REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES

<b>Student Name (please print)</b>		
Last	First	M.I.
<b>Student ID Number</b>		

Use this form to request a review of extenuating circumstances and financial aid eligibility which were not reflected since filing your 2018-2019 Financial Aid application (FAFSA).  
 Your special circumstances can only be considered once per academic year.

**Part I. REASONS FOR REVIEW OF FINANCIAL ELIGIBILITY:** Check condition AND check the person for whom it applies. You are also required to complete and submit V1 – Dependent/Independent Standard Verification Group Form along with Required Documentation.

<p>1. ___ You ___ Your Spouse ___ Your Parent(s) were employed in 2016, but now are unemployed AND have been receiving unemployment benefits in 2018 for the past 90 days.</p> <p><b>Required Documentation:</b> 1. Unemployment benefit award letter and current EDD check stubs (if applicable); 2. Last pay check stub(s) from all jobs in 2018 for all parties; 3. Part II-Statement of expected income</p>
<p>2. ___ You ___ Your Spouse ___ Your Parent(s) who is the <u>primary income earner in the household</u>, has been unable to pursue normal income-producing activities for 90 days or more during 2018 due to a disability.</p> <p style="text-align: center;"><b>Earliest Date to submit is August 1, 2018</b></p> <p><b>Required Documentation:</b> 1. Physician’s statement on letterhead describing disability; 2. Current or last pay stub from all jobs in 2018 for all parties; 3. Part II-Statement of expected income.</p>
<p>3. ___ You ___ Your Spouse ___ Your Parent(s) who received a one-time income (child support, withdrawal of IRA or retirement benefit, worker compensation) in 2016, but will be no longer receiving it in 2018</p> <p><b>Required Documentation:</b> 1. Termination Letter/Statement; 2. 2016 IRS Tax Return Transcript and W-2(s) for all parties</p>
<p>4. ___ You ___ Your Parent(s) have become separated for at least 3 months or divorced after filling out FAFSA but no later than 12/31/2018.</p> <p style="text-align: center;">Date of Separation or Divorce: _____</p> <p><b>Required Documentation:</b> 1. Statement and supporting documents of separation (ex: recent bills/Driver’s License/mail showing different address)/proof of divorce; 2. 2016 IRS Tax Return Transcript and W-2 for all parties.</p>
<p>5. ___ Your Spouse, ___ Your Parent(s) whose 2016 income was reported on your FAFSA has died after filling out FAFSA</p> <p style="text-align: center;">Date of Death: _____</p> <p><b>Required Documentation:</b> 1. Death Certificate; 2. 2016 IRS Tax Return Transcript and W-2(s) for all parties</p>

**6. Dependent Students Only:** Your last surviving parent died after filing out FAFSA.

Date of Death: \_\_\_\_\_

**Required Documentation:** 1. Death Certificate; 2. 2016 IRS Tax Return Transcript, and W-2(s) (if applicable)

7. \_\_\_ You, \_\_\_ Your Spouse, \_\_\_ Your Parent(s) has experienced a significant loss in income between 2016 and 2017; or 2017 and 2018.

Please choose  2017  2018

**Required Documentation:** 2017 IRS Tax Return Transcript and W-2(s), or a signed copy of 2018 Federal Tax Return and W-2(s), for all parties

8. \_\_\_ You, \_\_\_ Your Parent(s), \_\_\_ Your Spouse has extraordinary expenses (medical or dental expenses not covered by Insurance and other non-discretionary expenses such as special needs educational expenses)

**Required Documentation:** A summary of the expenses in 2016 or 2018 (separate the expenses associated with each condition if there is more than one major medical condition), copy of medical invoice, and proof of payments. Feel free to use item 2 on Part II of this form to complete this requirement).

9. \_\_\_ You married after submitting your 18-19 FAFSA. If it is more beneficial to stay dependent, you should not change your marital status. Please talk to the Financial Aid Case Manager before completing this form.

**Change in marital status must occur before: January 1, 2019**

**Required Documentation:** 1. Marriage Certificate; 2. Yours and your spouse 2016 IRS tax return transcripts and W-2(s)/2016 IRS Verification of Non-Filing letter.

**Part II. STATEMENT OF EXPECTED INCOME AND EXPENSES FROM 01/01/18 TO 12/31/18**

**Expected Income in 2018** (please attach with supporting document, if applicable):

Month Ex: Jan. 2018	Student \$1100	Spouse	Parent 1	Parent 2	Source of Income Work (\$500); SSI (\$600)
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
<b>TOTAL</b>					

**Expected Expenses in 2018:**

1. Child Support paid (attach with supporting document)

Name of the Person Who Paid Child Support	Name of the person to Whom Child support was Paid	Name of Child for whom Support Was Paid	Total Amount of Child Support Paid in 2018
Example: Marty Jones	Jessica Smith	Katie Jones	\$6,000

2. Other Extraordinary Expenses such as Medical expenses/dental expenses (not covered by insurance), tuition for private school needed to meet your child’s special needs.  
Please attach with supporting documents:

	2016	OR	2018
<b>Example: Hospital Bill</b>	<u>Paid \$10,000</u>		
_____	_____		_____
_____	_____		_____
_____	_____		_____

**Part III: Certification and Signature**

Each person signing below certifies that all information reported and any attachments are complete and correct. False statements or misrepresentations will be cause for denial, withdrawal, and/or repayment of financial aid.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Signature of Student \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Spouse \_\_\_\_\_  
Date

**For Office Use Only**

\_\_\_ **Approved:** Original EFC: \_\_\_\_\_ Recalculated EFC: \_\_\_\_\_ Date ISIR corrected: \_\_\_\_\_

\_\_\_ **Denied:** Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Financial Aid Director \_\_\_\_\_  
Date