

Return to:
Ohlone College
 Financial Aid Office
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REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES
 Form will be accepted starting June 1, 2019

Student Name (please print)		
Last	First	M.I.
Student ID Number		

Use this form to request a review of extenuating circumstances and financial aid eligibility which were not reflected since filing your 2019-2020 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 (if married) ___ Your Parent(s) (Dependent Student) were employed in 2017, now are unemployed AND have been receiving unemployment benefits in 2019 for the past 90 days.</p> <p>Required Documentation: 1. Unemployment benefit award letter and current EDD check stubs (if applicable); 2. Last pay check stub(s) from all jobs in 2019 for student/spouse(if married)/parent(s) (Dependent Student); 3. Part II-Statement of expected income</p>
<p>2. ___ You ___ Your Spouse (if married) ___ Your Parent(s) (Dependent Student) 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 2019 due to a disability.</p> <p>Required Documentation: 1. Physician’s statement on letterhead describing disability; 2. Current or last pay stub from all jobs in 2019 for student/spouse(if married)/parent(s) (Dependent Student); 3. Part II-Statement of expected income.</p>
<p>3. ___ You ___ Your Spouse (if married) ___ Your Parent(s) (Dependent Student) who received a one-time income (child support, withdrawal of IRA or retirement benefit, worker compensation) in 2017, but will be no longer receiving it in 2019</p> <p>Required Documentation: 1. Termination Letter/Statement; 2. Signed copy of 2017 Federal Tax Return/IRS Tax Return Transcript for student/spouse(if married)/parent(s) (Dependent Student)</p>
<p>4. ___ You ___ Your Parent(s) (Dependent Student) have become separated for at least 3 months or divorced after filling out FAFSA but no later than 12/31/2019.</p> <p style="text-align: center;">Date of Separation or Divorce: _____</p> <p>Required Documentation: 1. Statement and supporting documents of separation (ex: recent bills/Driver’s License/mail showing different address)/proof of divorce; 2. Copy of W-2s forms and signed copy of 2017 Federal Tax Return/IRS Tax Return Transcript for student/spouse(if married)/parent(s) (Dependent Student)</p>
<p>5. ___ Your Spouse / ___ Your Parent(s) (Dependent Student) whose 2017 income was reported on your FAFSA has died after filling out FAFSA</p> <p style="text-align: center;">Date of Death: _____</p> <p>Required Documentation: 1. Death Certificate; 2. Copy of W-2s forms and signed copy of 2017 Federal Tax Return/IRS Tax Return Transcript for student/spouse(if married)/parent(s) (Dependent Student)</p>

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

Date of Death: _____

Required Documentation: 1. Death Certificate; 2. Signed copy of 2017 Federal Tax Return/IRS Tax Return Transcript (if applicable)

7. ___ You, ___ Your Spouse (if married), ___ Your Parent(s) (Dependent Student) has experienced a significant loss in income in 2018 or 2019.

Please choose 2018 2019

Required Documentation:

1. If using 2018 income: Signed copy of student/spouse(if married)/parent(s) (Dependent Student)'s 2018 Federal Tax Return/IRS Tax Return Transcript and Schedules; **OR**

2. If using 2019 income: Signed copy of student/spouse (if married)/parent(s) (Dependent Student)'s 2019 Federal Tax Return/IRS Tax Return Transcript and Schedules.

8. ___ You, ___ Your Spouse (if married), ___ Your Parent(s) (Dependent Student), has extraordinary expenses (medical or dental expenses not covered by Insurance and other non-discretionary expenses such as special needs educational expenses). Please indicate the year (2017, 2018, or 2019): _____

Required Documentation: 1. A summary of the expenses in the requested year (separate the expenses associated with each condition if there is more than one major medical condition), copy of medical invoice, and proof of payments (complete Other Extraordinary Expenses section); 2. Signed copy of student/spouse(if married)/parent(s) (Dependent Student)'s 2017 Federal Tax Return/IRS Tax Return Transcript

9. ___ You married after submitting your 2019-2020 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, 2020

Required Documentation: 1. Marriage Certificate; 2. Signed copy of yours and your spouse 2017 Federal Tax Return/IRS tax return transcripts or 2017 IRS Verification of Non-Filing Letter.

Part II. STATEMENT OF EXPECTED INCOME AND EXPENSES FROM 01/01/19 TO 12/31/19

Expected Income in 2019 (please attach with supporting document, if applicable):

Month Ex: Jan. 2019	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					
TOTAL					

Expected Expenses in 2019:

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 2019
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:

2017 OR 2018 OR 2019

Example: Hospital Bill

Paid \$10,000

Part III: CERTIFICATION AND SIGNATURES

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	Date

For Office Use Only

___ **Approved:** Original EFC: ___ Recalculated EFC: ___ Date ISIR corrected: _____

___ **Denied:** Reason: _____

Signature of Financial Aid Director

Date