



Financial Aid Office
4200 Farm Hill Blvd.
Redwood City, CA 94061

Office Use Only:

Received by/Date

2009-2010 UNUSUAL CIRCUMSTANCE REQUEST FORM

Name of Financial Aid Applicant (Please Print)			

Last Name	First Name	MI	Student ID Number

Mailing Address	City	State	Zip Code

REASON(S) FOR REQUEST - CHECK ALL THAT APPLY:

1. LOSS OF EMPLOYMENT

Self Spouse Mother/Stepmother Father/Stepfather

Earned income from work in 2008 but have been unemployed since _____

**** Submit supporting documentation i.e., Termination Notice, Final Paycheck stub, and Unemployment Benefits to be received (if applicable).**

2. LOSS OF UNTAXED INCOME OR BENEFITS

Self Spouse Mother/Stepmother Father/Stepfather

Will not continue to receive untaxed income or benefits from _____

**** Submit supporting documentation i.e., Notice of Action Letter or Agency Notification from EDD, SDI, TANF, etc**

3. REDUCTION OF WORK HOURS

Self Spouse Mother/Stepmother Father/Stepfather

Reduced work hours since _____

**** Submit supporting documentation such as current paystub(s) and Letter from Employer**

4. UNUSUAL CIRCUMSTANCES NOT LISTED ABOVE

Tuition expenses at an Elementary or Secondary School paid in 2008

Medical/Dental expenses not covered by insurance paid in 2008

Other changes that you consider as an unusual circumstance (i.e., changes in family/students assets)

**** Submit supporting documentation (i.e., current billing statements), attach a Statement of Fact, and complete the backside of this form.**

The most common reason for delay in reviewing this request is insufficient documentation. Please make sure to provide the most recent documentation you have.

There are **two** 12-month periods to choose from: **January 2009 to December 2009** or **July 2009 to June 2010**. Choose the period you earned or will earn the least amount of monies and provide income for that period below. Answer each category, if no income was received for a specific line, answer zero on that line. Provide the most current information for untaxed income received.

Which of the two 12 month periods would you like to us to review:

January 2009 to December 2009 or **July 2009 to June 2010**

Reason for Income Reduction	Date of Occurrence	Student/ Spouse	Parents	Total Taxable Income	Total Untaxed Income/Benefits	Total Expenses	Total # of Exemptions
Loss of Employment		<input type="checkbox"/>	<input type="checkbox"/>				
Reduction of Hours		<input type="checkbox"/>	<input type="checkbox"/>				
Loss of Untaxed Income or Benefits		<input type="checkbox"/>	<input type="checkbox"/>				
Other Expenses		<input type="checkbox"/>	<input type="checkbox"/>				

The Financial Aid Office will review the information you have provided to determine whether or not your eligibility for financial aid for the 2009-2010 academic year will be based on projected income rather than on 2008 income. Please attach copies of all relevant documentation to support your request. Describe on a statement of fact the situation that has occurred and attach it to this form.

I/We certify that the information above is true and correct to the best of our knowledge.

Student's Signature

Date

Parent's Signature

Date

Office Use Only:

Need Further Information Date: _____ Initials: _____

Approved Denied Date: _____ Initials: _____

Comments: _____
