



# 2010-2011 UNUSUAL CIRCUMSTANCE REQUEST FORM

Please provide complete documentation for January 2010 - December 2010.

Name of Financial Aid Applicant (Please Print)			
Last Name	First Name	MI	Student ID Number
Mailing Address	City	State	Zip Code

## EXPLANATION OF UNUSUAL CIRCUMSTANCES - CHECK ALL THAT APPLY:

### 1. LOSS OF EMPLOYMENT, UNTAXED INCOME AND/OR BENEFITS

Self   Spouse   Mother/Stepmother   Father/Stepfather

Earned income from work in 2009 but have been unemployed since \_\_\_\_\_

**\*\* Submit supporting documentation i.e., Termination Notice, Final Paycheck stub, Notice of Action Letter, SDI, TANF, Agency Notification from EDD and Unemployment Benefits to be received (if applicable), etc**

### 2. 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**

### 3. UNUSUAL CIRCUMSTANCES NOT LISTED ABOVE

- Tuition expenses at an Elementary or Secondary School paid in 2009
- Medical/Dental expenses not covered by insurance paid in 2009
- Other changes that you consider as an unusual circumstance (i.e., changes in family/students assets)
- Death/Birth Certificate (s)

**\*\* Submit supporting documentation (i.e., current billing statements), attach a Student/Parent Income Certification 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.*

## Office Use Only

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**G#**

\_\_\_\_\_  
**Date**

Documentation submitted to support request.

**Tax Return**

\_\_\_\_ Student Tax Return and W-2's

\_\_\_\_ Parent Tax Return and W-2's

**Loss/Change of Employment**

**Death/Birth**

**Medical Expenses**

\_\_\_\_ Letter from employer

\_\_\_\_ Death/Birth certificate

\_\_\_\_ Copies of medical expenses

\_\_\_\_ Wage statement through last day of work

\_\_\_\_ Unemployment/TANF/SSI benefits

\_\_\_\_ Income estimate for current year

	Prior Year _____		Current Year _____	
	Parent	Student	Parent	Student
AGI/Earned Income				
Untaxed Income				
Other Benefits				
Total				
Estimated Income for Remainder of Year				
Total				
Income Adjustment Decision:    APPROVED _____    DENIED _____				
Date Adjustment made on ISIR if approved: _____				
Decision made by: _____    Date: _____				