



2016 – 2017 Unusual Circumstances Form



Please check campus: Cañada College College of San Mateo Skyline College

A. Student Information

| | | | | |
|----------------|------------|------|-------------------|--------------|
| Last Name | First Name | M.I. | Student ID Number | |
| Street Address | City | ST | Zip | Phone Number |

B. Instructions

1. Complete Section C. You **must check** the reason(s) for your **unusual circumstances** and attach **ALL** required documentations.
2. Complete Section D. Report expected income and/or benefits for 2016. Select which 12 month period (Calendar Year OR Academic Year) you will be using. All sources require documentation.
3. Sign and date Section E. Certification and Authorization.
4. Return this form and all necessary documentation to your Financial Aid Office. Please feel free to include any supporting document(s) if you feel that it would be helpful in our review.

The purpose of this process is to help us understand the “before” and “after” nature of the change in situation. If, in the course of reviewing your situation, we find that we need additional information to better understand your situation, we will contact you to request additional documentation.

C. Unusual Circumstances

| Unusual Circumstances | Required Documents |
|---|--|
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed since 2015. Clearly report your projected income from all sources by completing one of the calendars below in section D. <input type="checkbox"/> Letter from previous employer regarding last date of employment <input type="checkbox"/> Copy of last paystub with year to date earnings <input type="checkbox"/> Documentation of any unemployment benefits (shows amount of benefit and start/end date) |
| <input type="checkbox"/> Decrease in Wage or Salary | <input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed since 2015 <input type="checkbox"/> Letter from previous employer regarding decrease in wage/salary <input type="checkbox"/> Copy of last paystub with year to date earnings before wage decrease <input type="checkbox"/> Copy of current paystub with year to date earnings after wage decrease <input type="checkbox"/> Documentation of any unemployment benefits (shows amount of benefit and start/end date) |
| <input type="checkbox"/> Decrease or Loss of Benefits | <input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed since 2015 <input type="checkbox"/> Third-party documentation that includes when the benefits were terminated/reduced |

Must submit with valid photo ID

| | |
|----------------------|----------------|
| Cañada College | (650) 306-3307 |
| College of San Mateo | (650) 574-6147 |
| Skyline College | (650) 738-4236 |

IMPORTANT
Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.

| | |
|--|--|
| <input type="checkbox"/> Divorce or Separation | <input type="checkbox"/> Letter of explanation. <input type="checkbox"/> Copy of divorce/separation decree or letter from an attorney <input type="checkbox"/> For Dependent Student: Custodial parent's income information <input type="checkbox"/> For Independent Student: Your income information |
| <input type="checkbox"/> Death of a Spouse or Parent | <input type="checkbox"/> Copy of Death Certificate <input type="checkbox"/> Documentation of any insurance settlement, Social Security Benefits, etc. <input type="checkbox"/> Copy of last check stub from the person's employment (if person worked in 2015) |
| <input type="checkbox"/> Unusual Medical/Dental Expenses PAID by family (not covered by insurance) | <input type="checkbox"/> Third-Party Documentation (i.e. receipts, cancelled checks, etc) <input type="checkbox"/> Schedule A of 2015 Federal 1040 (if used) |
| <input type="checkbox"/> Loss of Business or Farm due to bankruptcy, foreclosure or natural disaster | <input type="checkbox"/> Letter from attorney to verify this status |
| <input type="checkbox"/> Other | <input type="checkbox"/> PLEASE FULLY DOCUMENT your circumstance with necessary personal or third-party documents |

D. Expected Income and Benefits in 2016

Select which 12 month period (Calendar Year **OR** Academic Year) you will be using. **Use one only.**

- Calendar Year - January 1, 2016 – December 31, 2016.**
- Academic Year - July 1, 2016 – June 30, 2017.**

You **must** report all income received or projected income from all sources for the 12 month period you selected.

| Calendar Year (January 1, 2016 – December 31, 2016) | | | | | |
|---|---|---------|------------------------|--------------------------|--------------------------|
| Projected Income | Sources of Income (work, unemployment, etc.) | Student | Spouse (if married) | Mother (if dependent) | Father (if dependent) |
| Jan 2016 | | \$ | \$ | \$ | \$ |
| Feb 2016 | | \$ | \$ | \$ | \$ |
| Mar 2016 | | \$ | \$ | \$ | \$ |
| Apr 2016 | | \$ | \$ | \$ | \$ |
| May 2016 | | \$ | \$ | \$ | \$ |
| Jun 2016 | | \$ | \$ | \$ | \$ |
| Jul 2016 | | \$ | \$ | \$ | \$ |
| Aug 2016 | | \$ | \$ | \$ | \$ |

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| | | | | | |
|----------|--|----|----|----|----|
| Sep 2016 | | \$ | \$ | \$ | \$ |
| Oct 2016 | | \$ | \$ | \$ | \$ |
| Nov 2016 | | \$ | \$ | \$ | \$ |
| Dec 2016 | | \$ | \$ | \$ | \$ |

| Academic Year (July 1, 2016 – June 30, 2017) | | | | | |
|--|---|---------|------------------------|--------------------------|--------------------------|
| Projected Income | Sources of Income (work, unemployment, etc.) | Student | Spouse (if married) | Mother (if dependent) | Father (if dependent) |
| Jul 2016 | | \$ | \$ | \$ | \$ |
| Aug 2016 | | \$ | \$ | \$ | \$ |
| Sept 2016 | | \$ | \$ | \$ | \$ |
| Oct 2016 | | \$ | \$ | \$ | \$ |
| Nov 2016 | | \$ | \$ | \$ | \$ |
| Dec 2016 | | \$ | \$ | \$ | \$ |
| Jan 2017 | | \$ | \$ | \$ | \$ |
| Feb 2017 | | \$ | \$ | \$ | \$ |
| Mar 2017 | | \$ | \$ | \$ | \$ |
| Apr 2017 | | \$ | \$ | \$ | \$ |
| May 2017 | | \$ | \$ | \$ | \$ |
| Jun 2017 | | \$ | \$ | \$ | \$ |

E. Certification and Authorization

- I certify that all of the information provided on this form is complete and correct to the best of my knowledge.
- I understand that I may be asked to submit additional documentation if necessary.
- I understand that if I do not fully document my special circumstance, my request may be denied.
- I understand that a change in income, benefits or other circumstance may not always result in additional funding.
- I understand I cannot submit this form and documentation until after my 2016-17 FAFSA has been filed.
- I understand false information may result in financial aid being revoked.

Student Signature

Date

Parent Signature (Required for Dependent Student only)

Date

Must submit with valid photo ID

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