FRESNO CITY COLLEGE
Financial Aid Office
1101 E University Avenue
Fresno, CA 93741
Phone (559) 442-8245

1. Fill in 2. Print 3. Sign

Reset Form

2013 - 2014

SPECIAL CIRCUMSTANCE REQUEST #39

Student's Full Name _____ Student's ID Number_____

We recognize that the FAFSA may not always portray a clear picture of your financial situation. Although consideration for specific situations is limited, we may be able to give additional consideration for certain situations. Appeals for special circumstances will be considered after you receive your initial award letter for the 2013-2014 aid year. Submitting an appeal for special circumstances does not guarantee an adjustment will be made to your aid package. Decisions are final and will be communicated directly to the student. Please be advised that this form only applies to federal financial aid.

Section A - Special Circumstances for Consideration - Please review and indicate which Special Circumstance applies to you. Documentation listed as **required** but not submitted along with this form will cause a delay in our ability to review your request until every required document has been received. Additional documentation that helps support your appeal, even if not listed as required, can be submitted as well. **List your FCC Student ID number at the top of all submitted documents.**

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation *for student (and spouse if married) or student and parents if dependent*
Loss of employment	Your or your parent(s)' income earned in 2013 will be less than what was earned in 2012.	Your (and your spouse's, if married) income earned in 2013 will be less than what was earned in 2012.	Complete copies of: • **Explanation of Special Circumstances** • 2012 US Federal IRS Tax Return • W-2 Wage statements • Unemployment Award Letter / Denial Letter • Last two pay stub showing 2013 year-to-date earnings • Termination / Change of Employment notice from employer (date of status change must be included)
Other Loss of Income or Extraordinary Expenses • Alimony • Child Support • Retirement/Pension • Social Security (taxed) • Worker's Compensation • Medical/Dental	• You or your parent(s)' received benefits in 2012 which have ceased or been reduced in 2013 • Your or your parent(s)' paid expenses not covered by insurance and are over the expected cost of attendance	• You (and your spouse) received benefits in 2012 which have ceased or have been reduced in 2013. • You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance.	Complete copies of: • **Explanation of Special Circumstances** • 2012 US Federal IRS Tax Return • W-2 Wage statements • Original 2012 Benefit statement listing total amount received • Revised 2013 Benefit statement and/or court documents listing updated amount to receive and effective date *and/or* • Copy of insurance coverage • Copy of all medical bills
Marriage	• You married AFTER filing FAFSA	• Not applicable	Complete copies of: • Marriage Certificate • 2012 US Federal IRS Tax Return • Proof of Residence / Parents' residence
Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA.	You and your spouse separated or divorced AFTER filing the FAFSA.	Complete copies of: • **Explanation of Special Circumstances** • 2012 US Federal IRS Tax Return • W-2 Wage statements • Divorce Decree or separation agreement or legal court document
Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	Complete copies of: • **Explanation of Special Circumstances** • 2012 US Federal IRS Tax Return • W-2 Wage statements • Certified death certificate
One-time Payment Received	Your parents received a one-time lump sum payment of monies in 2012.	You (and your spouse) received a one-time lump sum payment of monies in 2012.	Complete copies of: • **Explanation of Special Circumstances** • 2012 US Federal IRS Tax Return • W-2 Wage statements • Documents detailing One-Time Payment amount, source, reason

Student Name: _____ **Student ID #:** _____

Section B - Explanation of Special Circumstances - You **must attach** a typed statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your particular situation. You must include exact dates and amounts in your statement. Make sure to sign your typed statement once completed.

Section C - Projected Income and Benefits from January 1, 2013 to December 31, 2013.

- You are **required** to provide your received and/or expected income for 2013 for all categories listed below. If no income is received and/or expected for a category, use "0" or "N/A" **- do not leave any blanks.** In addition to the required documentation listed on page 1, **you must submit proof of all income amounts provided below** (e.g., for wages, supply a copy of your most recent pay stub).

Source of Income	Father/Step Father		Mother/Step Mother		Student		Student's Spouse	
	YTD	Projected	YTD	Projected	YTD	Projected	YTD	Projected
Wages, Tips, Salary								
Interest and/or Dividend Income								
Worker's Compensation								
Pensions and/or Annuities								
Severance Pay								
Retirement Benefits								
Disability Benefits								
Social Security Benefits (taxable)								
Child Support								
Alimony								
Welfare Benefits								
Other:								
TOTAL OF ALL INCOME:								

Section D – One-Time Payment Amount in 2012 - If your appeal is for a one-time payment received in 2012, please enter the amount received below.

Source of Income	Father/Step Father	Mother/Step Mother	Student	Spouse
Amount of One-Time Payment received in 2012				

Section E - Statement of Certification - All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change in financial aid.

_____ _____

Student Signature Date Parent Signature (if student is dependent) or Student's Spouse Signature Date

Office Use Only_____

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_____ **FAA Signature**_____