



Fresno City College
Financial Aid Office
 1101 E University Avenue
 Fresno, CA 93741
 Phone (559) 442-8245

2018-2019

SPECIAL CIRCUMSTANCE REQUEST

Student Name _____

Student 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. 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.

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. **Once you have all required documents please call our office to make an appointment at (559) 442-8245. Please make sure you list your FCC Student ID number at the top of all submitted documents.**

Required Documentation:

- **Explanation of Special Circumstances (see section B)**
- **2016 and 2017 Federal IRS Tax Returns**
- **2016 and 2017 W-2 Wage Statements**

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 2017 was less than what was earned in 2016.	Your (and your spouse's, if married) income earned in 2017 was less than what was earned in 2016.	Additional Documents: <ul style="list-style-type: none"> • Unemployment Award Letter / Denial Letter • Last two pay stubs showing 2018 year-to-date earnings from each job • Termination / Change of Employment notice from each employer on letterhead (date of status change must be included)
Other Loss of Income <ul style="list-style-type: none"> • Alimony • Child Support • Retirement/Pension • Social Security (taxed) • Worker's Compensation 	You or your parent(s) received benefits in 2016 which have ceased or been reduced in 2017 Your or parent(s) paid expenses not covered by insurance and are over the expected cost of attendance.	You (and your spouse) received benefits in 2016 which have ceased or have been reduced in 2017 You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance.	Additional Documents: <ul style="list-style-type: none"> • Original 2017 Benefit statement listing total amount received • Revised 2017 Benefit statement and/or court documents listing updated amount to receive and effective date
Marriage	You married AFTER filing FAFSA	Not applicable	Additional Documents: <ul style="list-style-type: none"> • Marriage Certificate • Proof of Residence / Parents' residence (lease agreement/mortgage statement)
Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA.	You and your spouse separated or divorced AFTER filing the FAFSA.	Additional Documents: <ul style="list-style-type: none"> • Divorce Decree or separation agreement or legal court document
Death of a Parent or Spouse	A parent has passed away AFTER filing the FAFSA.	Your spouse has passed away AFTER filing the FAFSA.	Additional Documents: <ul style="list-style-type: none"> • Certified death certificate

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 – Household Size. Please add additional pages if you have more than 5 in your household.

Full Name	Age	Relationship to Student	Name of College
		Student	Fresno City College

Section D- 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 (if married) Date

FOR OFFICE USE ONLY

	STUDENT/SPOUSE		PARENTS	
ADJUSTED GROSS INCOME	\$		\$	
INCOME TAX	\$		\$	
EARNINGS	STUDENT: \$	SPOUSE: \$	PARENT 1: \$	PARENT 2: \$
Estimated Additional Financial Information:	\$	\$	\$	\$
Type:				
Estimated Untaxed Income:	\$	\$	\$	\$
Type:				

COMMENTS: _____

☐ **APPROVED FOR:** ☐ Calendar Year ☐ Fiscal Year

☐ **DENIED.** Reason for denial: _____

REVIEWED BY: _____ DATE: _____