



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

2017-2018 Unusual Circumstance Form

Name: _____ Student ID G _____
(Last) (First) (Middle)

INSTRUCTIONS:

You are submitting this request to adjust your Expected Family Contribution (EFC) based on a change in and/or a reduction to earnings, other income, and/or benefits. Provide a typed statement and attach supporting documents. Please be advised that if you are selected for verification, your 2015 income must be verified via Data Retrieval Tool (DRT) or IRS tax return transcript before your request is considered.

SECTION 1: Reason(s) for Loss of Income or Benefits for the 2016 or 2017 calendar year (January 1 to December 31):

- My parents' income **and/or benefits** will be **LESS** than 2015 due to (check one box below)
- My (or my spouse's) **income and/or benefits** will be **LESS** than 2015 due to (check one box below)
- Loss of Employment
- Loss of Benefits (i.e. SSI, TANF, child support, alimony)
- Retirement
- Reduction in Work Hours
- Job Change
- Other (Specify: Separation/ Divorce, etc.) _____

Attach a typed statement that fully explains your situation

SECTION 2: Attach your (and/or spouse's), and/or your parent's supporting document(s). Use the checklist below to specify the type of document(s).

- A letter from your last employer(s). Use company letterhead to verify the date of layoff, retirement and/or reduction of work hours.
- A copy of the **year-to-date** paycheck stub verifying income.
- A copy of your unemployment, Social Security and/or other types of benefits (if currently receiving benefits).
- Other: (Please specify): _____

Must show valid photo ID at the time of submission

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.

Rev. 11/17/16

SECTION 3: Tell us your or your parent's projected income and/or benefit amount for the following 12-month period:

From: ____/____ to ____/____
 mo yr mo yr

	STUDENT	SPOUSE/PARENT		
1. Earned Gross income from work	\$	\$	From:	to
2. Other income/benefits received (Unemployment, child support, etc.)	\$	\$	From:	to
3. Projected earnings	\$	\$	From:	to
4. Projected other income/benefits (Unemployment, child support, etc.)	\$	\$	From:	to
5. Total	\$	+ \$	=	

** If your income/benefits have decreased after January 1, 2018, see your financial aid department

Certification: I/We hereby certify that all the information reported on this form and any attachments hereto are true, complete, and accurate. Further, I/we understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal and/or repayment of aid disbursed, as well as student disciplinary action. I/We understand that the calculation of the estimated family contribution may not result in eligibility for the Federal Pell Grant or need-based financial aid. I also understand that I/we are responsible for providing to the Financial Aid Office all required documents before aid will be awarded.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(dependent student only)

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