



## 2018-2019 Unusual Circumstance Form

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Last Name

First Name

Student ID Number

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 2016 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 2017 or 2018 calendar year (January 1 to December 31):

- Attach a typed statement that fully explains your situation
  
  - My parents' income and/or benefits will be LESS than 2016 due to (check one box below)
  
  - My (or my spouse's) income and/or benefits will be LESS than 2016 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.)
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**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.

**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):

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

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
                   month  year      month  year  
                   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, 2019, 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/We 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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