

Solano Community College – Financial Aid Office
2015-2016 REQUEST FOR SPECIAL CIRCUMSTANCE

Student's Name: _____ SCCID#: _____
Last First MI

Your financial aid eligibility for 2015/2016 was initially determined based on the information you reported on your FAFSA regarding your 2014 income. However, if you have experienced changes that have created extraordinary circumstances, this process will enable you to request a review of your situation. Expenses for consumer goods and lifestyle choices (such as credit cards or car payments) will not be supported with additional financial aid resources. Our review may result in a change to your EFC and increased eligibility. Any changes to your award will be based on funding available at the time of review, and will be retroactive to the beginning of the school year (if applicable). It is the Financial Aid Administrator's determination to deny or approve, and a special circumstance cannot be appealed.

*For Special Circumstance requests, you must wait to submit your request until you can provide a copy of your 2015 IRS Income Tax Transcript and W-2(s) (or an IRS Wage and Income Transcript) with your request! The Deadline to submit a Special Circumstance is: **March 31, 2016***

AN INCOMPLETE REQUEST FOR SPECIAL CIRCUMSTANCE WILL BE RETURNED TO YOU UNPROCESSED.
DO NOT SUBMIT DOCUMENTS SEPARATELY.

1. Complete the "Request for Special Circumstance" **only** if yours or your parent(s) income will be less in 2015 than 2014. **Do not make a request for a situation that has not already happened.**
2. **Attach required documentation when submitting your request.** If your parents are separated or divorced and living in separate households, include only your custodial parent's income information. If the loss of income is due to the death of your parent, include only your surviving parent's income information. If you are now an orphan, contact the Financial Aid Office immediately to revise your status. Please note that in either case a copy of the death certificate(s) will be required.
3. Request for Special Circumstance will take an average of 6-8 weeks for processing. You will be notified of the results on your **MySolano**.

EXPLANATION OF INCOME REDUCTION (required):

Please **explain in detail** the **reason(s) for your request** and the effective date of change. Be specific about circumstances regarding your income reduction. Please attach additional sheets if necessary.

Current Income Verification Documents:

Not all of the documents listed may apply to your situation. However, you must provide adequate documentation to support your request so that the Financial Aid Office can make a determination concerning your situation. ***If you do not provide sufficient information to support your request, your request may be denied or it may be returned to you unprocessed.***

- A copy of your 2015 IRS Income Tax Transcript and W-2(s) (or an IRS Wage and Income Transcript) with your request!
- **Must** attach a 2015-2016 Verification Worksheet form (Dependent or Independent, whichever applies).
- Letters stating Lay-off, Resignation, or Reduction in work hours. Copy of Severance pay received.
- Agency statements of 2015 year-to-date benefits received for social security, retirement, disability, worker's compensation, unemployment, etc.
- Divorce agreement designating family and child support, statement from the county Family Support Office, or signed statement from the person paying the support, to verify 2015 child support that has been received.
- Denial of Benefits Letter.
- Any other documents to clarify your situation.

Deadline for submitting a Special Circumstance: **March 31, 2016**

Certification:

I/WE CERTIFY that the information on this form is true and correct to the best of my knowledge. I/we understand that if the information I/we have provided is incomplete or false, financial aid could be delayed or denied. I/we have read and understand the Financial Aid Academic Progress Policy. I/we authorize Solano Community College to apply financial aid funds to other charges, and understand that this authorization is valid while attending Solano Community College and may be rescinded in writing at any time. I/we authorize the Financial Aid Office to contact my instructors, other college departments, and related agencies to exchange information concerning my financial aid eligibility and/or academic progress. I/we promise to notify the Financial Aid Office immediately if I/we receive financial assistance from any source other than Solano Community College during this academic year.

Student Signature (required)

Date Signed

Parents Signature (if applicable)

Date Signed

Attn: Mailed or Faxed copies will not be accepted. Originals must be submitted in person.

Submit ALL FORMS AND DOCUMENTS TOGETHER to:

Solano Community College
Financial Aid Office
Bldg. 400, 2nd Floor, Rm. 425
4000 Suisun Valley Road
Fairfield, CA 94534-3197

<u>FOR OFFICE USE ONLY:</u>	

Before Approval: EFC= _____ Trans. # _____ / After Approval: EFC= _____ Trans. # _____	
Approved (____)	Denied (____)
FAO: _____	Date: _____