

Note: You must file (or have filed) a 2024-2025 Free Application for Federal Student Aid (FAFSA) before your request can be considered. Submitting a request does not guarantee an adjustment will be made to your financial aid package.

Deadline: last day of final exam during the primary semester or first week of classes for summer only students.

This form is intended for students whose family's financial situations differ from the tax year utilized for the FAFSA. The 2024-25 Free Application for Federal Student Aid (FAFSA) is based on 2022 income information. However, if your family's 2022 income is no longer an accurate reflection of your current financial situation, this form may be submitted.

If your FAFSA has been selected for Federal verification, you must complete that process before we can review your request for special circumstances. Failure to submit required documentation will delay processing of this form. Please allow 3-4 weeks for processing.

The following list highlights appropriate documentation for each situation. Please give specific dates and reason(s) as to when and why changes occurred and list events in chronological order.

Submission Process:

1. **Written Statement:** ALL special circumstances must be explained in writing with appropriate supporting documentation
2. **Supporting documents:** Check the table provided below to see what additional documentation(s) may be requested regarding your specific circumstance. **Note: College of Marin cannot review special circumstance request without corresponding supporting document(s)**
3. **Submission:** By email at: financial.aid@marin.edu, in person at Enrollment Services Offices at both Kentfield and IVC campuses or by mail to the address at the bottom of this form

Student Information			
Last Name		COM ID#	
First Name		Phone Number	

Check All That Apply	Special Circumstance	Additional Questions & Required Supporting Documentation
	Separation/Divorce (Referring to the marital status of the student or the parents listed on the FAFSA)	<ul style="list-style-type: none"> • Who Separated/Divorced (circle one): Parent OR Student • Date of divorce/separation: ____/____/____ • Documentation verifying separation or divorce (court decree, letter from attorney, court documents) • If above is not available, provide documentation of separation living situation (ex. Separate addresses listed on state ID or current utility bills)

2024-2025 SPECIAL CIRCUMSTANCES REQUEST

		<ul style="list-style-type: none"> For dependent student-name of parent who will provide more than half of your financial support: _____ For dependent students- provide signed copy of parent's 2023 1040 federal tax return and Schedules (if applicable) Copy of parent's 2023 W-2 forms
	Loss of Employment or Reduction of Income	<ul style="list-style-type: none"> Who experienced the Loss/Reduction: _____ Date of Loss/Reduction: ____/____/____ Name of Employer _____ Has unemployment been received as a result? Yes / No Has severance pay been received as a result? Yes / No Letter(s) of separation from employer listing last date of employment Final pay stub(s) from previous employer(s) Unemployment Benefits (if applicable) Severance agreement (if applicable) Date began new job if applicable: ____/____/____ Name of New Employer: _____ Most recent pay stub, if re-employed Dependent student: provide parent(s) signed copy of 2023 1040 federal tax return and W-2 forms Independent student: provide your and spouse's signed copy of 2023 1040 federal tax return and W-2 forms <p>Note: We will not review a special circumstance due to loss of employment unless 3 months have passed since the last date of employment</p>
	Death of a Parent or Spouse	<ul style="list-style-type: none"> Name of Deceased: _____ Copy of death certificate Dependent students: provide signed copy of parent(s) signed copy of 2023 1040 federal tax return and 2023 W-2 forms Independent students: provide signed copy of 2023 1040 federal tax return and W-2 forms
	Loss of One-Time Income	<p>You/Spouse/Parent(s) received a one-time income in 2022 that will not occur in 2024 (IRA, back-year Social Security payments, or divorce settlement). Special circumstance consideration will not be given if this one-time income is a result of an inheritance, insurance settlements, pension, gambling winnings or losses, early distribution of retirement accounts.</p> <ul style="list-style-type: none"> Copies of All contracts, agency notices, or legal documents that indicate the date of one-time income was terminated, what amount of income came from the source, and how that income was used. Dependent student: provide parent(s) signed copy of 2023 1040 federal tax return and W-2 forms

		<ul style="list-style-type: none"> • Independent student: provide you/spouse signed copy of 2023 federal tax return and W-2 forms
	Significant Out-of-Pocket Medical Expenses	<ul style="list-style-type: none"> • Who paid the Medical expenses: _____ • Total paid out-of-pocket in 2022: _____ • Total paid out -of-pocket in 2023: _____ • Total paid out-of-pocket in 2024: _____ • Copy of medical bills with proof of payment. Bills currently unpaid or paid by insurance are not eligible
	Other (please specify in detailed)	<p>There are other unusual circumstances not reflected in the FAFSA. We can only consider adjustments with detailed documentation. Please include as much numerical data as possible to explain your circumstances</p> <ul style="list-style-type: none"> • Required documents may vary depending on specific circumstances <p>NOTE: The Special Circumstance process is not intended for:</p> <ul style="list-style-type: none"> • Non-essential expenses (vacation, high mortgage payments, second vehicles, etc.) • Standard living expenses (utilities, cable bills, credit card payments, cell phone, etc.)

PROJECTED 2024 INCOME AND RESOURCES (COMPLETE THE TABLE BELOW)

Provide your best estimate of the amounts you/spouse/parent(s) will receive from all sources (include taxable and non-taxable income) from January 1, 2024 to December 2024. If completing this form after December 31, 2024, please provide calendar year 2024 totals **only**.

Please indicate amounts for each category of income below. If no income in a category, write in "0"

Estimated ANNUAL 2024 Taxable Income				
<u>Type of Income & Resources</u>	<u>Student</u>	<u>Student's Spouse (if married)</u>	<u>Father/Step-Father</u>	<u>Mother/Step-Mother</u>
Income Earned from Work (attach most recent pay stub)	\$			
Unemployment Compensation	\$			
Business/Farm Income	\$			
IRA Distributions (taxable portion only)	\$			
Taxable Interest Income	\$			
Social Security Benefits	\$			
Severance Pay	\$			
Other (describe)	\$			
Total Taxable Income	\$			

Estimated ANNUAL 2024 Untaxed income				
<u>Type of Income & Resources</u>	<u>Student</u>	<u>Student's Spouse (if married)</u>	<u>Father/Step-Father</u>	<u>Mother/Step-Mother</u>
Worker's compensation/Disability Benefits	\$			
Welfare benefits (AFDC/TANF)	\$			
Child support received	\$			
Payments to tax-deferred pensions/savings plans	\$			
Deductible IRA and/or Keogh payments	\$			
Tax exempt interest income	\$			
Living allowances (as for military and/or clergy, and others). Include cash payments and cash value of benefits. Do not include the value of on-base military housing or the value of basic military allowance for housing	\$			
Veteran non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowance	\$			
Total Untaxed Income	\$			

CERTIFICATION AND SIGNATURES (Typed/Electronic signatures are NOT accepted)	
<p><i>By signing this form, I certify that all the information provided is true and complete to the best of my knowledge. I agree to provide proof of the information given on this form for consideration of my request. I also understand that submission of this form does not guarantee approval, and that approval does not necessarily indicate an increase in the amount or types of aid I will receive. Both student and parent signatures are required to authorize changes to a student's FAFSA.</i></p>	
<p>_____</p> <p>Student Signature</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Parent Signature</p>	<p>_____</p> <p>Date</p>

OFFICE USE ONLY	
<p>Staff Initial _____</p> <p>Date Rec'd _____</p> <p>Rec'd by _____ Mail _____ In-person _____ Email _____</p> <p>Entered SPCOND code in Tracking _____ Yes _____ No</p>	<p>Check that all required documents are enclosed:</p> <p>_____ Complete Request form</p> <p>_____ Written Statement</p> <p>_____ Supporting Documents (depends on circums. checked)</p>