

2020-2021 Request for Special Circumstance

Deadline: Fall 2020 (Friday, November 6, 2020)

Spring 2021 (Friday, April 23, 2021)

Last First M.I. M00#:

*******IMPORTANT*******

Before you proceed, please confirm that all outstanding financial aid requirements have been satisfied prior to submitting this request, or your request will not be processed

STEP 1: ALL students must provide a written/typed and signed statement describing how financial circumstances have changed from 2018 to 2020. Be detailed and provide dates of when financial circumstances changed.

STEP 2: Reason(s) for loss of income/benefits

Dependent Students: My income or my parent(s) **2020 income and/or benefits** will be less than they were in 2018

Independent Students: My (or spouse's) **2020 income and/or benefits** will be less than they were in 2018

Reason(s): Check all the categories that reflect the reason(s) you are submitting this form and provide the following documentations:

Loss of Income	<p>[] <u>Loss of Employment/Reduction in Work Hours</u></p> <p><input type="checkbox"/> A letter from the employer (if available) with the last date of employment or the date of a forced reduction in work hours. If a letter from your employer is not available, be sure to include in the personal statement why a letter from the employer is not available.</p> <p><input type="checkbox"/> Last pay stub reflecting 2020 earnings (January 1-December 31, 2020). If a last pay stub is not available, be sure to explain in your personal statement why you are not able to provide it.</p> <p>[] <u>Divorce/Separation</u></p> <p><input type="checkbox"/> Copy of Divorce Decree or Statement of Separation (if available). Be sure to include the date of divorce/separation in your personal statement.</p> <p><input type="checkbox"/> Asset information reflecting individual portion of assets due to divorce/separation. Be sure to provide this information on your statement (if applicable).</p> <p>[] <u>Death of Spouse or Parent</u></p> <p><input type="checkbox"/> Photo copy of death certificate</p> <p>[] <u>Child Support received</u></p> <p><input type="checkbox"/> Written statement explaining circumstances for loss or reduction of child support payments</p> <p><input type="checkbox"/> Supporting court document</p> <p>[] <u>Change of Employment</u></p> <p><input type="checkbox"/> On your personal statement provide date of when you ceased employment at your prior job and date of when you began your new job.</p>
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STEP 3: PROJECTED INCOME WORKSHEET

Include **ALL** sources of income received in 2020 and project the amount(s) you expect to receive until December 31, 2020.

Note: Be sure to refer to this section when writing your personal statement to ensure that all dates are included in your explanation of circumstance.

Parent's Income (Dependent Students Only)

Name: _____
(Example: Jane Smith)

Relationship to Student: _____
(Example: Mother)

Source of Income January 1 st – December 31 st 2020	Start Date	End Date	Total Income from Source
Example: Home Depot	1/1/20	12/31/20	\$12,475

Student/Spouse Income

Name: _____
Example: Jane Smith

Relationship to Student: _____
(Example: Self and/or Spouse)

Source of Income January 1 st – December 31 st 2020	Start Date	End Date	Total Income from Source
Example: Home Depot	1/1/20	12/31/20	\$12,475

If you are submitting this form during the Spring 2021 semester, include ALL sources of income received in the last six months and project what your income will be in the next six months ; and must provide latest paystub			
Employer	Income (last six months)		Income (Next six months)
Example: Home Depot	8/2019 to 2/2020	\$6,000	2/2020 to 12/2020 \$0

BEFORE SIGNING THIS FORM, PLEASE BE SURE THAT YOU HAVE COMPLETED THE FOLLOWING:

- [] If selected for verification, I have submitted all required documents which have been processed by the Enrollment Services Office
- [] A signed statement from the person listed on the previous page that includes:
 - An explanation of their circumstances
 - All dates of when financial situation changed
 - A projection of what they anticipate their income will be for the remainder of the year (until December 31, 2020).
 - If you are submitting this form during the Spring 2021 semester, include **ALL** sources of income received in **last six months and** project what your income will be in the **next six months**; and must provide latest paystub.
- [] **If you are self-employed**, you must attach a copy of your 2019 Tax Return Transcript in order for this form to be processed. A projection of your 2020/2021 income will not be accepted.
- [] Attach all supporting documentation that applies to the situation (i.e. most recent pay stub, letter from the employer, child support payments, divorce decree, etc.). Please be sure to refer to step 2 to confirm that you have attached the correct documents according to your circumstances.

Certification:

I/We Certify that the information on this form is true and correct to the best of my/our 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 Satisfactory Academic Progress Policy. I/We authorize College of Marin to apply financial aid funds to other charges, and understand that this authorization is valid while attending College of Marin and may be rescinded in writing at any time. I/We authorize the Enrollment Services 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 Enrollment Services Office immediately if I/we receive financial assistance from any source other than College of Marin during this academic year.

Student's Signature	Print Student's Name	Student ID#
Parent's Signature (Dependent Students Only)	Date	

*Attn: You may submit your Special Circumstance packet in person at the IVC or Kentfield Campus, provided **ALL** required documents are attached.*

FOR OFFICE USE ONLY:			
Before Approval: EFC= _____	Trans. # _____	After Approval: EFC= _____	Trans. # _____
Approved (____)	Denied (____)	Initial: _____	Date: _____
Adjustments: Wages: _____	AGI: _____	Taxable Income: _____	Dependent: _____