



**Yuba College**  
2088 North Beale Road  
Marysville, CA 95901  
530-749-7999

**Woodland Community College**  
2300 East Gibson Road  
Woodland, CA 95776  
530-661-5725

**Lake County Campus**  
15880 Dam Road Extension  
Clearlake, CA 95422  
707-995-7923

## **2020-2021 Special Circumstance Request**

If you or your family has extenuating circumstances that you believe should be considered you may complete and submit a Request for Special Circumstance. Common special circumstances include, but are not limited to: unemployment, decreased annual income, and parental divorce or separation. The regulations do not allow us to consider high mortgage payments, car payments, or consumer debt.

Special Circumstances are considered on a case-by-case basis. Federal regulations limit which situations we can consider. Submitting this application does not guarantee a change in your financial aid eligibility.

### **Important Information and Instructions:**

- In order for your special circumstance to be considered you must be enrolled in classes.
- You must meet all federal compliances when the special circumstance application is processed.
- DO NOT leave any questions unanswered. Incomplete requests will NOT be reviewed.
- Dependent students must have a parent signature.
- Provide **ALL** required documentation under the section that matches your special circumstance.
- Failure to provide all the required documentation may delay the review process and/or result in the denial of your request.
- Submit all required forms and documents to the Financial Aid Office at the campus you attend.
- **Processing of this application takes 4-6 weeks from the time all required documentation has been received.** All Special Circumstance Applications are reviewed by the Director of Financial Aid.

**Applications will be accepted on or after:  
September 7, 2020**

**Deadline to submit application:  
April 1, 2021 or next business day**



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## 2020-2021 Special Circumstance Application

### STUDENT INFORMATION

First	MI	Last	Social Security #
Mailing Address			Home Phone
City	State	Zip Code	Date of Birth

### REASON FOR REQUEST AND DOCUMENTATION REQUIRED

1. Check the appropriate box that pertains to the circumstance(s) which best describes your situation. In addition, complete the attached application.

Special Circumstance	Documents Needed
<input type="checkbox"/> <b>LOSS OF EMPLOYMENT</b> Student/Spouse/Parent was working during 2018, but is now working fewer hours or is unemployed.	<ul style="list-style-type: none"> <li>Last or most recent check stub(s) from last/current employer</li> <li>Letter of separation from last employer</li> <li>2018 IRS Tax Return Transcript</li> <li>2018 W-2 Form(s), 1099(s) or other earning statements</li> <li>Current unemployment insurance award letter or explanation of benefits letter</li> </ul>
<input type="checkbox"/> <b>LOSS OF BENEFITS</b> Student/Spouse/Parent has lost some or all benefits (i.e. Unemployment Insurance, State Disability Insurance, Worker's Compensation, Child Support).	<ul style="list-style-type: none"> <li>Last check stub(s) or printout of benefit(s) received during 2018 and 2019</li> <li>Letter from agency verifying termination of benefit(s)</li> <li>2018 IRS Tax Return Transcript</li> <li>2018 W-2 Form(s), 1099(s) or other earning statements</li> </ul>
<input type="checkbox"/> <b>DEDUCTION OF ONE-TIME PAYMENT</b> Student/Spouse/Parent received a ONE-TIME PAYMENT (i.e. Pensions, IRA, Annuity, Settlement, Inheritance).	<ul style="list-style-type: none"> <li>Receipt(s) and/or statement showing amount of the one-time payment and where/how the one-time payment was spent</li> <li>Copy of bank account statement(s)</li> <li>2018 IRS Tax Return Transcript</li> <li>2018 W-2 Form(s), 1099(s) or other earning statements</li> </ul>
<input type="checkbox"/> <b>DEATH OF SPOUSE OR PARENT</b> Spouse or parent passed away after the FAFSA was filed.	<ul style="list-style-type: none"> <li>Copy of death certificate</li> <li>2018 IRS Tax Return Transcript</li> <li>2018 W-2 Form(s), 1099(s) or other earning statements</li> </ul>

<input type="checkbox"/> <b>OTHER</b> If none of the above circumstance applies to your situation, please attach a signed statement explaining your circumstance in detail.	<ul style="list-style-type: none"><li>• Appropriate documentation to support your special circumstance</li><li>• 2018 IRS Tax Return Transcript</li><li>• 2018 W-2 Form(s), 1099(s) or other earning statements</li></ul>
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2. List the date the change in circumstance occurred: \_\_\_\_\_

3. Please explain your special circumstance in detail. Attach additional sheets if necessary.

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**HOUSEHOLD INFORMATION**

In the table, list the people living in your household as of July 1, 2020 through June 30, 2021 who will receive more than half of their support from you, your spouse (if married) or your parents (if a dependent student).

Full Name	Relationship	Age
	<i>Self</i>	

*I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that this information will be used to determine my eligibility and that false or misleading information may be cause for denial, termination, and/or repayment of financial aid funds.*

\_\_\_\_\_ Student Signature Date

\_\_\_\_\_ Parent Signature Date

## Special Circumstance Income Projection

**Instructions:** Please provide expected income to be earned from January 1, 2020 through December 31, 2020. Include ALL income earned/received from January 1, 2020 until now. Estimate the income you will receive from now until December 31, 2020. Enter the yearly totals in the table below.

- Independent student: Provide income for Student and Spouse (if married)
- Dependent student: Provide income for Student and Parent(s)

	Student	Spouse	Father/Stepfather	Mother/Stepmother
Earnings From Work	\$	\$	\$	\$
Unemployment Insurance	\$	\$	\$	\$
Disability Insurance	\$	\$	\$	\$
Workers' Compensation	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Social Security Benefits List type:	\$	\$	\$	\$
Pension/Retirement Benefits	\$	\$	\$	\$
Veterans Benefits (non- educational)	\$	\$	\$	\$
TANF/CalWorks	\$	\$	\$	\$
Interest Income	\$	\$	\$	\$
Other:	\$	\$	\$	\$

**FOR OFFICE USE ONLY: Special Circumstance Documentation Submitted /Corrections**

<b>2018</b>	<b>2019</b>	<b>2020</b>
<input type="checkbox"/> Independent Verification <input type="checkbox"/> Dependent Verification <input type="checkbox"/> 2018 1040 Transcript – Student/Spouse <input type="checkbox"/> 2018 W-2's / 1099 – Student <input type="checkbox"/> 2018 W-2's / 1099 – Spouse <input type="checkbox"/> 2018 1040 Transcript – Parent(s) <input type="checkbox"/> 2018 W-2's / 1099 – Father <input type="checkbox"/> 2018 W-2's / 1099 – Mother <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment or Disability <input type="checkbox"/> Workers Compensation Benefits	<input type="checkbox"/> 2019 Check stubs – Student <input type="checkbox"/> 2019 Check stubs – Spouse <input type="checkbox"/> 2019 Check stubs – Father <input type="checkbox"/> 2019 Check stubs – Mother <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment or Disability Ins. Benefits <input type="checkbox"/> Workers Compensation Benefits	<input type="checkbox"/> Independent Verification <input type="checkbox"/> Dependent Verification <input type="checkbox"/> 2020 1040 Transcript – Student/Spouse <input type="checkbox"/> 2020 W-2's / 1099 – Student/Spouse <input type="checkbox"/> 2020 1040 Transcript – Parent(s) <input type="checkbox"/> 2020 W-2's / 1099 – Father <input type="checkbox"/> 2020 W-2's / 1099 – Mother <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment or Disability <input type="checkbox"/> Workers Compensation Benefits <input type="checkbox"/> 2020 Check Stubs- Student/Spouse/Mother/Father <input type="checkbox"/> 2020 1040 Transcript

<b>Estimated Income</b>	<b>Student/Spouse</b>	<b>Parent(s)</b>
Adjusted Gross Income	\$	\$
Taxes Paid	\$	\$
Exemptions	\$	\$
Student Wages	\$	\$
Spouse Wages	\$	\$
Father/Stepfather Wages	\$	\$
Mother/Stepmother Wages	\$	\$
Additional Financial Info.	\$	\$
Untaxed Income	\$	\$
Number in Household	\$	\$
Number in College	\$	\$
Other Changes:	\$	\$

FA Technician Recommendation:     Approve Request     Deny Request

Initial EFC/ISIR #: \_\_\_\_\_ / \_\_\_\_\_      Special Circumstance EFC: \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_  
 Financial Aid Technician      Date

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FA Administrator Decision:     Request Approved     Request Denied     Pending

\_\_\_\_\_      \_\_\_\_\_  
 Financial Aid Dean or Director      Date