



**2024-2025 SPECIAL CIRCUMSTANCES – Independent
(Change in Financial Situation)**
(Summer Term 2024 – Spring Term 2025)

Instructions

You may request special consideration of your financial aid eligibility based on changes have reduced your ability to contribute financial support for your educational costs.

Submit this form only after you have received your financial aid offer. Submitting this request does not guarantee a change in aid eligibility amounts.

Complete and submit all required documentation to the CCC Office of Financial Aid and Scholarships. Incomplete requests will be denied. Information you reported in error on your 2024-2025 Free Application for Federal Student Aid (FAFSA) will be corrected prior to evaluation of this request. As a result of this request your aid eligibility may be increased, reduced, or stay the same. We will make every effort to review this request within two weeks; however, review may take longer during peak processing times.

Student Information:

Student Last Name	Student First Name
Student ID#	Date of Birth

Reason for Change in Financial Situation (check one):

Significant reduction in income since 2022:	
<input type="checkbox"/> Loss of employment	Complete page two with yearly totals
<input type="checkbox"/> Loss of taxed or untaxed income or benefits*	Complete page two with yearly totals
<input type="checkbox"/> Separation, divorce, or death	Complete page two with yearly totals
<input type="checkbox"/> Paid medical care expenses	Complete page two with yearly totals

For all requests you must submit the following information at the time the form is submitted:

- 1) A typed and **signed** personal statement from you and/or your spouse explaining the situation
- 2) A copy of you & your spouse's [2022 Federal Tax Return Transcript](#) & 2022 W-2's
- 3) A copy of you & your spouse's [2023 Federal Tax Return Transcript](#) & 2023 W-2's
- 4) If applicable for this request, a copy of you and your spouse's **2024** Income documentation such as pay stubs
- 5) Documentation as required on page 3 of this request-**Loss of Employment, Loss of Taxed/Untaxed Income Benefit, Separation, Divorce, Death or Medical Care Expenses over 11% of AGI**

Certification

To the best of my knowledge, the information in this request is true. I understand that misrepresentation of facts in connection with this request whenever discovered may be sufficient cause in and of itself for cancellation and repayment of financial aid. I understand that my federal tax return information will be used to verify the current financial aid application information and that I may be selected for institutional verification in the following aid year.

 Student Signature

 Date



Student ID _____

INCOME INFORMATION

You must provide additional documentation to support the estimates below. Report gross income (i.e. before taxes) and estimate income for the remaining months of 2024 if the year has not ended. Round all figures to the nearest dollar and do not leave any boxes blank. **If there is no income information for a category, enter "0".**

	2022 full year amount	2023 full year amount	2024 full year amount	Office Use Only
Adjusted Gross Income (AGI)				
Taxes Paid				
Student Income from work	\$	\$	\$	
Spouse Income from work	\$	\$	\$	
Unemployment Benefits	\$	\$	\$	
Other Income (please specify type(s)):	\$	\$	\$	

*******FINANCIAL AID OFFICE USE ONLY*******

Decision: _____ Approved _____ Denied

Action: _____

Committee Members: _____

Processed by: _____

REQUIRED DOCUMENTATION

Loss of Employment:

- Copy of notice of separation from the employer showing employment status, date of termination, or hours reduced, year to date gross earnings, and whether severance benefits were received and if so how much **-OR-** A statement from your current/future employer, if any, reporting expected estimated earnings for the rest of 2024 **-AND-**
- Documentation of Unemployment benefits: Print out from UI website showing all payments made. Claim start date, total award amount, weekly payment, and balance remaining on account. This can be printed directly from the UI website. **-AND-**
- Complete Income Information Section

Loss of Taxed or Untaxed Income or Benefit:

- Copies of the termination notice from the granting agency/company, court order, or document from caseworker **-AND-**
- Complete Income Information Section on page 2

Separation, Divorce, or Death:

- A photocopy of death certificate/obituary in case of death of a parent or spouse
- A copy of legal separation papers or divorce decree
- If no legal separation exists, provide evidence of separate living accommodations such as driver's licenses, rental/lease agreements, mortgage papers, voter registration cards, or copies of utility bills for separate residences **-AND-**
- Complete Income Information Section on page 2

Medical Care Expenses:

- Expenses must be greater than 11% of your adjusted gross income
- Copies of receipts, canceled checks, or other proof of payment must accompany billing statements for all appropriate bills. Alternately, you may submit a copy of Schedule A from your federal tax return as documentation of paid medical expenses
- Billing statements must clearly indicate portions that have been paid by your insurance or other agency
- We will only consider expenses already paid directly by you or your parents
- We assume that you will have medical coverage and only those costs not covered by insurance or other agencies will be considered **-AND-**
- Complete Income Information Section on page 2