



2020-2021 Unusual Circumstance Form

Student Information

Last Name

First Name

Student ID Number

You are submitting this request to adjust your Expected Family Contribution (EFC) based on a change in and/or a reduction to earnings, other income, and/or benefits. Provide a typed statement and attach supporting documents. Please be advised that if you are selected for verification, your 2018 income must be verified via Data Retrieval Tool (DRT) or IRS tax return transcript before your request is considered.

SECTION 1:

- Attach** a typed statement that fully explains your situation

Reason(s) for Loss of Income or Benefits for the 2019 or 2020 calendar year
(January 1 to December 31):

- My parents' income and/or benefits will be LESS than 2018 due to (check one box below)
- My (or my spouse's) income and/or benefits will be LESS than 2018 due to (check one box below)
- Loss of Employment
 - Loss of Benefits (i.e. SSI, TANF, child support, alimony)
 - Retirement
 - Reduction in Work Hours
 - Job Change
 - Other (Specify: Separation/ Divorce, etc.) _____

SECTION 2: Attach your (and/or spouse's), and/or your parent's supporting document(s). Use the checklist below to specify the type of document(s).

- A letter from your last employer(s). Use company letterhead to verify the date of layoff, retirement and/or reduction of work hours.
 - A copy of the year-to-date paycheck stub verifying income.
 - A copy of your unemployment, Social Security and/or other types of benefits (if currently receiving benefits).
 - Other: (Please specify):
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SECTION 3: Tell us your and/or your spouse's, and/or your parent's projected income and/or benefit amount for the following 12-month period:

- 2019 Income taxes - January 1, 2019 – December 2019
- 2020 Income Taxes - January 1, 2020 – December 2020

	Student	Spouse/Parent		
1. Earned Gross income from work	\$	\$	From:	To:
2. Other income/benefits received (Unemployment, child support, etc.)	\$	\$	From:	To:
3. Projected earnings	\$	\$	From:	To:
4. Projected other income/benefits (Unemployment, child support, etc.)	\$	\$	From:	To:
5. Total	\$	\$		

If your income/benefits have decreased after January 1, 2021, see your financial aid department

Certification: I/We hereby certify that all the information reported on this form and any attachments hereto are true, complete, and accurate. Further, I/we understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal and/or repayment of aid disbursed, as well as student disciplinary action. I/We understand that the calculation of the estimated family contribution may not result in eligibility for the Federal Pell Grant or need-based financial aid. I/We also understand that I/we are responsible for providing to the Financial Aid Office all required documents before aid will be awarded.

Student's Signature

Date

Parent's Signature
(Dependent Student only)

Date

Must show valid photo ID at the time of submission

Cañada College (650) 306-3307, College of San Mateo (650) 574-6147, Skyline College (650) 738-4236

IMPORTANT – Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.