

2009-2010

**West Valley/Mission Community College District
Student Financial Aid**

REQUEST FOR REVIEW OF FINANCIAL NEED STATUS

REDUCTION IN INCOME AND/OR BENEFITS AND/OR SAVINGS

The Financial Aid Office is granted authority by federal law (Public Law 102-325, Sec 479 (A)) “ ... On the basis of adequate documentation, *to make adjustments on a case-by-case basis* to the cost of attendance or the values of the data items required to calculate the expected student or parent contribution (or both) *to allow for treatment of an individual eligible applicant with special circumstances*. However, this authority shall not be construed to permit aid administrators to deviate from the contributions expected in the absence of special circumstances. *Special circumstances shall be conditions that differentiate an individual student from a class of students...*”

Special Circumstances

The Financial Aid Office **MAY** be able to adjust your data items required to determine your family contribution (i.e., EFC) and your financial need if special circumstances exist that affect your ability to pay for the cost of education. Examples of special circumstances are: unusual medical and dental expenses; supporting other relatives; elementary and secondary school costs; child care and dependent care costs; unusual debts; and reduction in income or benefits. If your family situation involves a special circumstance such as those described above, you may request a review of your financial need status.

Required Documentation

In order for our office to consider your request for review or your financial need status, we need additional information and documentation of your family circumstances. You must complete ALL of the attached forms:

- A personal statement of explanation, and
- Completion of “**Statement of Reduction in Income and/or Benefits and/or Savings**”

SUBMIT ALL APPROPRIATE FORMS AND PERTINENT DOCUMENTS TO THE FINANCIAL AID OFFICE AND MAKE AN APPOINTMENT AT THE COUNTER OR CALL THE FINANCIAL AID ADVISOR, ROEHL GALANG, AT (408) 855-5071 FOR AN APPOINTMENT TO MEET WITH HIM.

2009-2010

**PERSONAL STATEMENT OF EXPLANATION
FOR REVIEW OF FINANCIAL NEED STATUS**

Student's Name

ID#

Address

E-Mail

Phone #

Please print or type below your **brief** statement of "special circumstances" as to why you feel the Financial Aid Office should make an adjustment to your financial need status. (If you need additional space, please continue on the back of this form.)

I, hereby, certify that the above statement is true and correct.

Student's Signature

Date

If change in PARENT'S financial situation is basis for this request, PARENT must sign below:

Parent's Signature

Date

Student's Name _____

ID _____

Student's Statement of Reduction in Income and/or Benefits and/or Savings

To be completed by the STUDENT ONLY if the STUDENT'S financial situation is basis for this request.

1. Amount received in income and/or benefits in 2008 = \$ _____

2. Check mark the appropriate situation(s):

Unemployed since _____
month date year

Divorce/Separation since _____
month date year

Death of spouse _____
month date year

Disability of student _____
month date year

Other _____
month date year

One-time income and/or benefits received in 2008, but not in 2009:

Type of Income/Benefit _____ Used For _____

3. Savings presently reduced to \$ _____ Why? _____

4. List **all** estimated income and/or benefits amounts for **January 1, 2009 - December 31, 2009 or July 1, 2009 – June 30, 2010** for student (and spouse, if married) in table below. **If applicable and to verify estimated amounts, please attach documents such as most recent payroll check stubs, unemployment benefits letter/check stubs, severance pay, SSI/SSA benefits statement, General Assistance, etc.**

Student & Spouse Sources of Income/Benefits (Work, unemployment compensation, monies received from or expenses paid by others, 401k, etc.)	Estimated 2009 2009 Monthly Amount	Yearly Amount (1/1/09-12/31/09) or (7/1/09-6/30/10)
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total estimated income for student and spouse = \$ _____		

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN STATEMENTS ABOVE IS TRUE AND COMPLETE.

Student's Signature _____

Date _____

Student's Name _____

ID# _____

Parent's Statement of Reduction in Income and/or Benefits and/or Savings

To be completed by the PARENT ONLY if the PARENT'S financial situation is basis for this request.

1. Amount received in income and/or benefits in **2008** = \$ _____

2. Check mark the appropriate situation(s):

Unemployed since _____
month date year

Divorce/Separation since _____
month date year

Death of spouse _____
month date year

Disability _____
month date year

Other _____
month date year

One-time income and/or benefits received in 2009, but not in 2009:

Type of Income/Benefit Used For

3. Savings presently reduced to \$ _____ Why? _____

4. List **all** estimated income and/or benefits amounts for **January 1, 2009 - December 31, 2009** or **July 1, 2009 – June 30, 2010** for mother and father in table below. If applicable and to verify estimated amounts, please attach documents such as most recent payroll check stubs, unemployment benefits letter/check stubs, severance pay, SSI/SSA benefits statement, General Assistance, etc.

Parent & Spouse Sources of Income/Benefits (Work, unemployment compensation, monies received from or expenses paid by others, 401k, etc.)	<u>Estimated 2009</u> 2009 Monthly Amount	Yearly Amount (1/1/09-12/31/09) or (7/1/09-6/30/10)
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total estimated income for parent and spouse = \$ _____		

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN STATEMENTS ABOVE IS TRUE AND COMPLETE.

Parent's Signature _____

Date _____