

2009-2010

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

REQUEST FOR REVIEW OF FINANCIAL NEED STATUS

Statement of Expenses - Unusual Debts

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 Expenses - Unusual Debts**”.

SUBMIT ALL APPROPRIATE FORMS AND PERTINENT DOCUMENTS TO THE FINANCIAL AID OFFICE THEN 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

Student 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 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

Statement of Expenses - Unusual Debts

Student's Name

Social Security Number

- Check this box if change in STUDENT'S financial situation* is basis for this request. **STUDENT must complete this form.**
- Check this box if change in PARENT'S financial situation* is basis for this request. **THAT PARENT must complete this form.**

Check Mark Appropriate Box (es) Below:

- | | |
|--|--|
| <input type="checkbox"/> Unusual Medical Expenses* | <input type="checkbox"/> Elementary and Secondary Expenses |
| <input type="checkbox"/> Unusual Dental Expenses* | <input type="checkbox"/> Dependent Care Expenses |
| <input type="checkbox"/> Unusual Debts | |

Unusual Medical and/or Dental Expenses

1. Amount paid for **all** medical/dental insurance in 2008. \$ _____
Note: Do **not** include employer's contribution. **Proof of payment is required.**
2. Amount of medical/dental expenses **not** paid by insurance: \$ _____
3. What is or will be the current status of these expenses for 2009 **or** academic year (07/09-06/10)?

4. How will you pay for these expenses?

* The Financial Aid Office will apply a formula to the total amount you listed on this sheet to determine if you have **unusual** medical and/or dental expenses. The amount which is determined to be excess of 11% of your Adjusted Gross Income minus Federal Income Tax Paid minus State Taxes and Allowances will be deemed to be **"Unusual Medical/Dental Expenses"**.

Statement of Expenses/Unusual Debts (Continued)

COMPLETE THIS PAGE ONLY IF APPLICABLE

Student's Name

Social Security Number

Elementary/Secondary and Dependent Care Expenses

1. Amount paid for dependent care in 2008: \$ _____

Note: Proof of payment must be attached.

2. Complete the following table:

Name of Supported Family Member	Age	Relationship	Expenses	Type of Monthly Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. What is or will be the current status of these expenses for 2009 or academic year (07/09-06/10)?

4. How will you pay for these expenses?

Statement of Expenses/Unusual Debts (Continued)

COMPLETE THIS PAGE ONLY IF APPLICABLE

Student's Name

Social Security Number

Unusual Debts (DO NOT include expenses such as Rent/House/Grocery Payments, Utilities/Car Payments/Insurance, Furniture Payments, Books/Supplies, etc. They are NOT considered "UNUSUAL").

- 1. What is your "unusual" debt(s)?
2. Amount of unusual debt(s) or loan(s) for 2008? \$ (Proof of payment is required.)
3. Complete the following table:

Table with 5 columns: Type of Pmts Debt/Loan, Name of Person Who Owes, Original Amount, Monthly Amount, Date End. Includes three rows of blank lines for data entry.

- 4. What is or will be the current status of these expenses for 2009 or academic year (07/09-06/10)?

Two blank lines for text entry.

- 5. How will you pay for these expenses?

Two blank lines for text entry.

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

Student's Signature

Date

If change is in PARENT'S data, PARENT must sign below:

Parent's Signature

Date