

Evergreen Valley College – Financial Aid Office

3095 Yerba Buena Road San Jose, California 95135 evcfa@evc.edu

2018-2019 REQUEST FOR REVIEW OF UNUSUAL CIRCUMSTANCES

FOR FASTER PROCESSING, PLEASE TYPE ALL FORMS

Name:

Student ID:

Phone (Home or Cell)#:

E-Mail:

A. DEPENDENCY STATUS

Based on your FAFSA, what is your dependency status:

- Dependent – You must complete this form using yours and your parents income information
- Independent – You must complete this form using your (and your spouse’s) income information

B. REASON FOR REDUCED INCOME (Check all that apply)

Student/Spouse	Parent	Reason
<input type="checkbox"/>	<input type="checkbox"/>	Loss of employment
<input type="checkbox"/>	<input type="checkbox"/>	Reduction of work hours
<input type="checkbox"/>	<input type="checkbox"/>	Loss/Reduction of untaxed income or benefits
<input type="checkbox"/>	<input type="checkbox"/>	IRA/Retirement Distribution (one-time only)
<input type="checkbox"/>	<input type="checkbox"/>	High medical/dental expenses not covered by insurance
<input type="checkbox"/>	<input type="checkbox"/>	Tuition expenses at an elementary or secondary school

You must attach proof of reduced income that includes effective dates.

C. ESTIMATED INCOME – DO NOT LEAVE THESE QUESTIONS BLANK

C.1. List all *previous* sources of household income and the average monthly amounts that you were receiving before your income changed.

C.2. List all *current* sources of household income, the average monthly amounts, and the effective dates.

C.3. Use the space below to explain IN DETAIL the reduction of income **AND** how you are going to support yourself (and your family) on the reduced income. **DO NOT LEAVE THIS QUESTION BLANK.**

D. CERTIFICATION

By signing this form, I certify that all information on this form is true, complete, and accurate. I understand that false statements or misrepresentations will be cause for denial, reduction or repayment of financial aid.

Student

Date

Parent (dependent students only)

Date

Financial Aid Office Use Only

EFC Recalculation

Approved Denied

Basis for decision:

FAO Signature

Date