

Evergreen Valley College – Financial Aid Office

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

2019-20 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)

Table with 3 columns: Student/Spouse, Parent, Reason. Rows include: Loss of employment, Reduction of work hours, Loss/Reduction of untaxed income or benefits, IRA/Retirement Distribution (one-time only), High medical/dental expenses not covered by insurance, 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. This information should match your FAFSA. Provide a brief description.

C.2. List all current sources of household income, the average monthly amounts, and the effective dates. Provide a brief description and documentation. Be sure to include wages and benefits (taxable and untaxable). If applicable, provide both student and spouse’s income information (independent student) or provide student and both parent 1 & 2 income information (dependent student).

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

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**Financial Aid Office Use Only**

EFC Recalculation

Approved       Denied

Basis for decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FAO Signature

\_\_\_\_\_  
Date