FOOTHILL COLLEGE FINANCIAL AID OFFICE

2023-2024 SPECIAL CIRCUMSTANCES (PJ)

Student Name:		CWID#:	
	Last	First	
Preferred Name (if	different than above)		
		Last	First

BEFORE YOU BEGIN:

Please note: If you have not completed a FAFSA or CA Dream Act Application (CADAA) for 2023-2024 and any other forms and requested documentation, this form will <u>not</u> be reviewed. Forms must be submitted together. Due to this review process, some additional documents *may* be requested. Incomplete documents <u>will</u> cause delays.

BE AWARE: As part of this process, if you were selected for <u>verification</u> of FAFSA or CADAA information, the verification requirements must be completed first. This means if you have not already submitted them, you will need to submit a copy of your and/or (if a dependent student) your parents' 2021 tax return with W-2s, and a verification worksheet if the IRS Data Retrieval Tool (DRT) was not used.

For the 2023-2024 academic year, you have a choice of <u>one</u> of the following: 1. Completing the estimates on page 2 of this form for the 2023 year **OR** 2. Turning in signed copies of your and/or (if a dependent student) your parents' 2022 federal tax return(s) with W-2s and a 1040X if an amended return was filed.

STUDENT STATEMENT

Please write a statement regarding the special circumstances. It should explain how your and/or (if a dependent student) your parents resources are different from those reported on the 2021 Federal Tax Return due to disability, loss or reduction of employment, death, high medical expenses, etc. Include a summary of resources available to you, other than student financial aid, such as unemployment, social security, disability, TANF/Cal Works, and general assistance. Please provide documentation to support your statements below.

FINANCIAL AID OFFICE USE ONLY									
□ Approved	Denied	□ Incomplete	□ Prior PJ	Current EFC					
Data element									
Actual value									
Change to									
Financial Aid Director		Date							

2023-2024 SPECIAL CIRCUMSTANCES (PJ)

Student Name: _

CWID#:

Instructions: Calculate income according to the monthly time periods requested and provide a \$ amount figure for every period. If there was no income source for a period, write down zero (\$0). **Do not leave blank spaces**.

If you are married, you must also provide the requested information for your spouse. For any period that has already passed, provide the **actual** income received. To calculate **estimated** income from work or other resources, consider factors such as hourly pay rate and the number of work hours expected or estimates of the weekly or monthly compensation expected to be receive. Also include any severance, vacation, or sick leave that was paid out during the year.

Note: Please submit documentation verifying the actual and/or estimated 2023 information listed below.

1. Your actual or expected gross income and benefits from employment are:

\$	\$	\$	\$	= \$	
Jan-March 2023	April-June 2023	July- Sept 2023	Oct-Dec 2023		Total
2. Your spouse's	/parent'(s) actual	l or expected gros	s income and ber	nefits from (employment are:
\$	\$	\$	\$	= \$	
Jan-March 2023	April-June 2023	July- Sept 2023	Oct-Dec 2023		Total
-	-	_ ``	_		er income not reported above:
\$	\$	\$	\$		
-	\$	_ ``	\$		_
\$	\$ April-June 2023	\$	\$		

Explain how you were able to, or intend to, cover your expenses with your reduced financial strength:

Student Statement: I understand that: A) I am only allowed to file this request **once per academic year**. B) I must promptly report to the Foothill College Financial Aid Office any change in my and/or spouse's/parent'(s) reported income. C) A failure to report changes or falsely reported information on this form may result in repayment of aid received, denial of future financial aid, and/or other academic and federal disciplinary steps.

Student Signature

Date

Spouse/Parent Signature

Date

Spouse/Parent's Name Printed