

Student Name _____ **SS#** _____
(Last, First, MI - please print) and STUDENT ID _____

****Note:** We can only process this request *if* you have completed the FAFSA and have the results sent to GCC. You may use this form if your (or your family's) financial situation has changed continuously for more than eight weeks, since filing the 2009-2010 Free Application for Federal Student Aid (FAFSA). Changes from this review do not guarantee an increase in aid. You must complete all questions on this form and provide all requested documentation. If required documentation is not attached, items are missing or left blank, or if the circumstances are not well explained, this form will not be processed until all items are received. A Financial Aid Committee will review this information. Written notification of the Committee's decision will be mailed to you, please allow at least 15 business days (may take longer during peak processing times). All Committee decisions are final.

SECTION A: REASON FOR LOSS OF INCOME

Check all boxes that apply, include effective dates, and attach appropriate documents.

Check Boxes:	Effective Date:	Reason for Income Reduction:	Documentation Required:
<input type="checkbox"/>	__/__/__	Reduction of employment income: (Must be continuous for 8+ weeks)	<ul style="list-style-type: none"> Detailed letter of explanation concerning your loss of income, to include: a) current employer's name, address and phone number, b) the date income was reduced, c) letter of termination of employment, d) whether or not you are entitled to unemployment and/or severance pay, and e) explain how expenses are being met for 2009. Signed copies of 2008 Income Tax forms, W-2s and Schedules. Include 2009 Income Tax forms, W-2s and Schedules, if filing this review <i>after November 30, 2009</i>. Attach most recent pay stubs or earnings statements for all 2009 employment. Attach documentation of untaxed income or benefits. Requires completion of Section B.
<input type="checkbox"/>	__/__/__	Loss of untaxed income or benefits: (Must be continuous for 8+ weeks)	
<input type="checkbox"/>	__/__/__	One-time income: (i.e., inheritance, moving expense allowance, or IRA or pension distribution)	
<input type="checkbox"/>	__/__/__	Separation or Divorce: (Must be continuous for 8+ weeks)	<ul style="list-style-type: none"> Copy of divorce decree or separation agreement. If you do not have a separation agreement, attach a notarized statement including separation and effective dates. Signed copies of 2008 Income Tax forms, W-2s and Schedules. Include 2009 Income Tax forms, W-2s and Schedules, if filing this review <i>after November 30, 2009</i>. Income/Asset settlements. Explain how expenses are being met for 2009, along with a list of current household members, their relationship to you, and their age. Requires completion of Section B.
<input type="checkbox"/>	__/__/__	Death of spouse/parent:	
<input type="checkbox"/>	__/__/__	2008 medical/dental expenses not paid by insurance: Medical costs may be allowed if required for treatment, rather than elective care and documented by a physician.	<ul style="list-style-type: none"> Attach a detailed letter of explanation, physician's statement, and Schedule A—itemized deductions. Signed copies of 2008 Income Tax forms, W-2s and Schedules. Include 2009 Income Tax forms, W-2s and Schedules, if filing this review <i>after November 30, 2009</i>. Attach photocopies of proof of payment for bills incurred for all medical, dental and/or optical expenses paid (not reimbursed) in 2008. Do not include premium payments. Provide documentation that states monthly payments, duration of payments, and whether or not you are qualified for reductions or forgiveness for any costs, or if covered by insurance.
<input type="checkbox"/>	__/__/__	2008 elementary, junior high, and high school tuition paid: (don't include tuition paid for the applicant)	<ul style="list-style-type: none"> Submit from institution copy of paid receipt. Name of School(s): _____ Name and Age of Child: a. _____ b. _____ c. _____
<input type="checkbox"/>	__/__/__	Parent(s) attending college at least half time between July 1, 2009 and June 30, 2010 in a program that leads to a college degree or certificate	<ul style="list-style-type: none"> Submit from institution copy of class schedule & paid receipt, along with major declared, documentation as to need for program, and if costs will be reimbursed: Name of Parent: _____ Name of School(s): _____ Number of Credits: _____ Degree Program: _____

SECTION B: Anticipated Total Income for Calendar year 2009

If you filed for federal financial aid as an Independent student, do not complete the parental information.

Do not leave any sections blank; write "0" if income type does not apply. If you are married or remarried, you must report your income and the income of your current spouse. If your parents are married, you would report both your parents' income. If your parent has remarried, you would report both your parent and the stepparent's income, not the income of the natural father and/or mother. Whom the student lived with last and/or who provides and/or provided more than 51% of the care and support for the student determines eligibility for financial aid. This normally means the parent with whom the student lived last.

Report expected amounts for the entire year (Jan 2009 – Dec 2009)

		Income Type	Student	Spouse	Father	Mother
TAXED INCOME	Anticipated Total					
	Gross Income From Work: Actual Jan. thru today		\$	\$	\$	\$
	Estimated today thru Dec.		\$	\$	\$	\$
	TOTAL		\$	\$	\$	\$
	Pay period:		[] week [] bi-week [] month [] bi-month	[] week [] bi-week [] month [] bi-month	[] week [] bi-week [] month [] bi-month	[] week [] bi-week [] month [] bi-month
	Business/farm income		\$	\$	\$	\$
	Unemployment Benefits and/or severance pay		\$	\$	\$	\$
	Alimony		\$	\$	\$	\$
	Interest and Dividends		\$	\$	\$	\$
	Net amount received from withdrawal from pensions or annuities (Exclude rollovers)		\$	\$	\$	\$
UNTAXED INCOME	Payments to tax-deferred pension and savings plans untaxed portions of pensions and IRA distributions (Exclude rollovers)		\$	\$	\$	\$
	Child support received for all children (do not include foster care or adoption payments)		\$	\$	\$	\$
	Veterans' Benefits: NON-Educational [include Disability, Death Pension, or Dependency & Indemnity Compensation (DIC)] _____		\$	\$	\$	\$
	Cash received, or money paid on your behalf, not already reported above		\$	\$	\$	\$
	Any other anticipated untaxed income or benefits not already reported above, such as worker's compensation, disability, etc.		\$	\$	\$	\$
	Anticipated taxable Combat Pay or Special Combat Pay in 2009		\$	\$	\$	\$
ADDITIONAL FINANCIAL INFO	Anticipated taxable need-based work-study earnings in 2009		\$	\$	\$	\$
	Child Support PAID (or will PAY) in 2009 because of divorce or separation: Do not include support for children in your household.		\$	\$	\$	\$
	Name/s of children which support was paid: Full Name _____ Age _____ Relationship _____ SS # _____ _____					

Certification Statements

I/We certify that the submitted information is true and correct to the best of my knowledge and belief. I/We have read each section and have provided the required documentation. I/We understand that underestimating projected income could result in reduced eligibility and/or repayment of aid and/or denial of future reviews/appeals, in this and/or future years. You may be requested to submit additional proof to verify the information provided. I/We understand that if I/We do not provide this information, this request for review of special circumstances will not be processed. (Parent signature required only if the special circumstances pertain to the parent's situation.)

Student Signature Date

Mother Signature Date

Spouse Signature Date

Father Signature Date

FOR OFFICE USE ONLY

Approved Denied Committee Review

FA Rep: _____ Date: _____

COMMENTS

REVISED/NO CHANGE
EST AGI: _____

EST UNTAXED
INCOME: _____

EST TAX PAID
(% OR CALC): _____

REVISED EFC: _____ NOTIFICATION TO STUDENT: _____