2016-17 Special Circumstances Review - Dependent Student

Circumstances We Consider for Review -

- Divorce and Legal Separation
- Death of a parent
- Changes in Financial Resources due to:
  - Unemployment or significant change in earnings
  - Disability of a parent
  - Loss of one-time income received in 2015
  - Loss of child support
  - Loss of an asset due to foreclosure
  - Prior year out of pocket medical expenses (not covered by health insurance)
  - Tuition for Special-Needs Private School
  - Other income reduction that is justified and documented by the family.

Circumstances We Do Not Consider for Review -

Due to limited funding, our office is unable to consider the following types of expenses or adjustments to income when determining your financial aid eligibility.

- Consumer debt, including credit card debt and bankruptcy
- Private school tuition (other than special-needs)
- Voluntarily terminating employment

Steps to Completing the Special Circumstance Process —

1. Check the appropriate box on the following pages which apply to parent(s)’ special circumstance.
2. Submit the Special Circumstances form along with the documentation listed for that type of special circumstance to the Office of Financial Aid and Scholarships.
3. If clarification or additional documentation is needed, a financial aid counselor will contact you.

Funding and Deadlines —

The information provided by your family will be used to determine the student's eligibility for federal and state aid. The annual deadline for the 2016-17 year for submission of a special circumstances request is: May 12, 2017.

Additionally, campus-based aid (such as university grant) may be awarded if you are eligible, funds are available and you meet the deadline for the applicable term:
Fall Term – November 4, 2016  Winter Term – February 17, 2017  Spring Term – May 12, 2017

Processing —

Requests will be reviewed beginning October 1, 2016. Upon reviewing the family circumstance and supporting documentation, the financial aid counselor will decide whether appropriate data elements should be adjusted to best reflect the anticipated income/assets available to your family. If the counselor makes adjustments, your aid will be revised to include eligibility for grants and loans based on your new Expected Family Contribution (EFC). You will be notified once your request has been reviewed.

Please note: There is no guarantee your request will be processed in time to meet the September 15, 2016 fall fee deadline, so you may need to access the aid you’ve already been offered to pay your bill. In this situation, any adjustments made as a result of your request will be applied retroactively to fall aid already received.
2016-17 Special Circumstances Review - Dependent Student

Student’s Name: ________________________  UCI ID Number: ________________________

Student’s E-mail: _______________________  Student’s Contact Phone #: ________________

Parent’s E-mail: ________________________  Parent’s Contact Phone #: ________________

Check the appropriate box which applies to your parent(s)’ special circumstance:

☐ Divorce or separation
  □ Copy of court-filed legal separation document or divorce decree.
  □ Explanation letter with following information: 1) date of divorce/separation, 2) list of current household members, 3) alimony and/or child support received per month and when payments began or are expected to begin.
  □ Copies of 2015 W-2 forms for both parents

☐ Death of parent
  □ Copy of death certificate.
  □ Documentation of death benefits and insurance payment.
  □ Copies of 2015 W-2 forms for both parents

☐ Loss of Asset:
  □ Loss of an asset due to foreclosure
    □ Letter explaining the reason why asset has been lost and how the loss affects the ability to contribute to the student’s cost of education.
    □ Verification from lender holding mortgage stating status of property.

☐ Unusual Expenses:
  □ Prior year out of pocket medical expenses (not covered by health insurance)
    □ Statement from medical facility, insurance statements and other agencies stating amount of expense and amount covered by insurance.
    □ Letter explaining how the income and/or assets are impacted.
    □ Schedule A of 1040 (if deductions were itemized)

☐ Tuition for Special-Needs Private School
  □ Copy of contract, including name of child, tuition cost, and the payment schedule.

☐ Loss of employment or other income:
  □ One-time income (capital gain from property sale, withdrawal of IRA or retirement benefits, etc.)
    □ Letter explaining the type and amount of one-time income that was received in 2015 and will not be received in 2016.
    □ Documentation to verify that income or asset was spent or invested in a mitigating circumstance.

  □ Loss of child support
    □ Copy of divorce decree listing the court-ordered support.
    □ Letter explaining the reason why child support will end and date of last payment. Letter should explain if child support will be received for other children in the household.
Unemployment or significant drop in income
- Letter from employer(s) indicating date of employment termination or reduction in working hours/salary/wages.
- Copy of last pay stub from previous employment (including 2016 year-to-date earnings).
- Copy of most recent pay stub from new employer (including 2016 year-to-date earnings) if employed.
- Documentation of severance and/or unemployment benefits.
- Complete the *2016 Estimated Itemization of Resources section below.

Disability of parent
- Provide letter from a physician confirming the disability and the expected length of time off from work.
- Verification of disability benefits from appropriate agency.
- Copy of last pay stub(s) from previous employment (including 2016 year-to-date earnings).
- Complete the *2016 Estimated Itemization of Resources section below.

*2016 ESTIMATED ITEMIZATION OF RESOURCES

Provide an estimated itemization of all resources (taxable and non-taxable) your family expects to receive or have already received between January 1, 2016 and December 31, 2016. NOTE: ONLY complete this section if your special circumstances request is Unemployment or significant drop in income or Disability of a parent.

<table>
<thead>
<tr>
<th>Description of Taxable Income and Resources</th>
<th>Estimated income 01/01/16 to 12/31/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Mother</td>
</tr>
<tr>
<td>Wages, salaries and tips</td>
<td>$</td>
</tr>
<tr>
<td>Severance payment</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td>$</td>
</tr>
<tr>
<td>Retirement, pension and annuities</td>
<td>$</td>
</tr>
<tr>
<td>IRA, 401K and 403B distribution</td>
<td>$</td>
</tr>
<tr>
<td>Alimony</td>
<td>$</td>
</tr>
<tr>
<td>Other** (specify):</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
</tr>
</tbody>
</table>

*Other income could include: capital gains partnerships, S-corporation trusts, rents, royalties, and business/farm income. If this is a negative amount, attach explanation and supporting documentation. Requests that include projected loss of income due to investments such as real estate, business partnerships and/or capital losses may be processed, but we will place a hold on spring 2017 term funding until you file and submit a 2016 federal income tax return transcript to our office. If it turns out that you underestimated your projection, you will be billed for part or all of the aid you were awarded.

<table>
<thead>
<tr>
<th>Description of Non-taxable Income and Resources</th>
<th>Estimated income 01/01/16 to 12/31/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Mother</td>
</tr>
<tr>
<td>Disability and worker’s compensation</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Benefits (specify type)--------</td>
<td>$</td>
</tr>
<tr>
<td>Child support received</td>
<td>$</td>
</tr>
<tr>
<td>Foreign income</td>
<td>$</td>
</tr>
<tr>
<td>Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
</tr>
</tbody>
</table>

Certification
I hereby certify that the information contained on this form and attached supporting documentation represents all anticipated sources of income for the 2016 calendar year. I agree to provide any additional information requested by the Office of Financial Aid and Scholarships to support the above estimates.

Parent’s Name:  Last, First, Middle  Parent’s Signature  Date

The State of California requires that you be told the following: Federal student loans are available to most students regardless of income and provide a range of repayment options including income-based repayment plans and loan forgiveness benefits, which other education loans are not required to provide.