

# SMC Financial Aid Office

## 2018-19 Drop of Income and Special Circumstances Assessment Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SMC ID: \_\_\_\_\_

**INSTRUCTIONS:** To request that SMC adjust your Expected Family Contribution—based on a reduction in your family’s 2015 earnings and/or benefits—you will need to complete this form and provide the following:

1. A typed and signed statement explaining how financial circumstances have changed from 2016 to 2018.
2. 2018 Income/benefits documentation (see Section 2).

**SECTION 1: Reason(s) for Drop of Income/Benefits**

- Dependent Students:** My income or my parent’(s) **2018 income and/or benefits** will be LESS than they were in 2016.
- Independent Students:** My (or my spouse’s) **2018 income and/or benefits** will be LESS than they were in 2016.

**Drop of Income Reason:** Check all the categories that apply to the student’s drop of income request.

- |  |  |
|--|--|
| <input type="checkbox"/> Loss of Employment                                  | <input type="checkbox"/> Job Change                  |
| <input type="checkbox"/> Loss of Benefits (i.e. child support, alimony)      | <input type="checkbox"/> Unexpected medical expenses |
| <input type="checkbox"/> Retirement/ Early withdrawal of retirement benefits | <input type="checkbox"/> Other (Specify) _____       |

**SECTION 2: Attach your or your parent’s/spouse’s supporting document(s).**

- 2018 Year- to-Date paystub.
- 2018 Tax Transcript (required if you submit this form after January 1, 2019 and you filed taxes for 2018).
- 2016 Tax Transcript (required if you filed or were required to file taxes for 2016).
- A letter from your last employer(s). Use company letterhead to verify the date of layoff, retirement and/or reduction of work hours.
- A copy of your unemployment, Social Security and/or other types of benefits (if applicable).
- Other (please specify): \_\_\_\_\_

**SECTION 3: Report 2017 taxed and untaxed income for you or your parent(s)/spouse.**

	STUDENT		SPOUSE/PARENT		TOTAL
1. Total 2017 Taxable Income	\$ _____	+	\$ _____	=	\$ _____
2. Total 2017 Un-Taxed income	\$ _____	+	\$ _____	=	\$ _____

**Signature and Certification:**

I verify that the information above is true. I understand that if I purposely give false or misleading information, SMC Financial Aid Office has the right to withdraw my financial aid offer and/or request financial aid funds to be repaid.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature (*dependent student only*): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Appeal Approved: \_\_\_\_\_ Appeal Denied: \_\_\_\_\_

Comments:

\_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_