# 2018-2019 Special Circumstances Form (Parent)

**Student Name:**_____ **Student's ID Number:**_____
**Last** **First** **MI**

**Date of Birth:**_____ **Date:**_____

Students whose family has experienced a change in financial circumstance that will lower the student's family resources may be eligible for a re-evaluation of their federal and /or state aid eligibility.

In order to be considered for a special circumstances calculation, students and their families must **1) meet specific guidelines (please see below), 2) explain the circumstances in a letter of appeal, and 3) provide documentation of the change.** Per federal regulation, FAFSAs selected for verification must be verified before special circumstances can be considered. For those not selected, completed 2016 tax information must be updated on the FAFSA before any review can take place.

**All applicants must complete the 2018-2019 Free Application for Federal Student Aid (FAFSA)** at **www.fafsa.gov** before completing the Special Circumstances Form. Changes made by the Office of Financial Aid based on special circumstances may or may not increase a student's grants or scholarships. In most cases, changes will result in additional loan eligibility.

**Circumstances that may <u>not</u> be considered:** Expenses such as car payments, consumer/credit card debt, high mortgage payments, matching other colleges/university offers, weddings, vacations, inability to liquidate assets, and/or other discretionary costs may not be considered. Adjustments to the *Financial Aid Award* will **<u>not</u>** be made to reflect these conditions.

**Circumstances that may be considered are listed below:**

| **Reason for Request** | **Required Documentation** to be submitted **with parents' letter of appeal** |
|---|---|
| ☐ Unemployment/Reduction in Earnings | • USD Estimated Parent Income and Expenses Form: http://www.sandiego.edu/financialaid/documents/1819PINX_O.pdf<br>• Copy of termination notice from employer<br>• Copy of unemployment benefits, or an explanation why not receiving unemployment benefits. |
| ☐ Significant decrease in Income from 2016 | • USD Estimated Parent Income and Expenses Form: http://www.sandiego.edu/financialaid/documents/1819PINX_O.pdf<br>• Copy of information from employer explaining the reduction in wages or hours available for work. |
| ☐ High Medical Expenses<br>Extraordinary additional medical or dental expenses, usually in excess of 10% of total parent income. | • If the 2016 Federal Income Tax Return was filed with Schedule A, provide a copy of Schedule A.<br>• If no Schedule A was filed, list the total in the appeal and provide documentation of medical bills paid during tax year 2016. |
| ☐ One-time/Non-Recurring Income | • Documentation of the one-time income (i.e., IRA distribution, inheritance, etc.)<br>• Documentation of how this income was used |
| ☐ Other Extenuating Circumstances that may justify a revision (for example: separation or divorce, long-term illness or disability, or death, etc.) that has occurred since the filing of the 2018-2019 FAFSA. | • Provide a letter describing the circumstance. (Supporting documentation may be requested). |

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of my/our knowledge. I/We understand that completing this form does not guarantee that an appeal will be approved and/or financial aid will be increased. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years.

Parent Signature:_____ Date:_____

**Please return to:** Office of Financial Aid or One Stop Student Center
5998 Alcalá Park, San Diego, CA 92110-2492 (619) 260-2700 SCFP_O