



Financial Aid Office

El Camino College (ECC) - 16007 Crenshaw Blvd. ♦ Torrance, CA 90506 ☎1-310-660- 3493 ♦ www.elcamino.edu
 ECC Compton Center (COM) - 1111 E. Artesia Blvd., E-17 ♦ Compton, CA 90221 ☎1-310-900-1600 x 2935 ♦ www.compton.edu

2016-2017 REQUEST TO CONSIDER PROJECTED INCOME

The FAFSA may not always present a clear picture of your financial situation. We may be able to give consideration for specific circumstances that impact family income. Submitting an appeal for special circumstances does not guarantee an adjustment will be made to your aid package. Decisions are final and will be communicated directly to the student.

Important Filing Deadlines: We will accept appeals with projected income figures until 12/22/2016. Income appeals submitted beginning in January 2017 will require signed copies of the 2016 Federal Tax Return and W-2 Wage Statements. Federal Verification must be completed prior to processing this appeal.

Deadlines:	Attending Fall 2016 Only Form Due: 11/10/2016	Attending Fall 2016 and Spring 2017 OR Spring 2017 Only Form Due: 05/4/2017	Attending Summer 2017 Only Form Due: 07/13/2017
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Student's Full Name _____ Student's ID Number _____
 (LAST) (FIRST) (MI)

INSTRUCTIONS: Please review and check the box for the Special Circumstance that applies. Documentation listed is required to process your request.

Special Circumstance	Student (and spouse if married)/ Parents	Required Documentation: <u>for student (and spouse if married) or student and parents if dependent.</u>
<input type="checkbox"/> Loss of employment	Your or your parent(s)' income earned in 2016 will be less than what was earned in 2015.	Completed Verification Worksheet-V1 Form and complete copies of: <ul style="list-style-type: none"> • Type written explanation of Special Circumstances • 2015 Federal IRS Tax Transcript • 2015 W-2 Wage statements • Unemployment Award Letter / Denial Letter • Last two pay stubs showing 2016 year-to-date earnings from each job • Termination / Change of Employment notice from employer on letterhead (date of status change must be included)
<input type="checkbox"/> Other Loss of Income or Extraordinary Expenses Alimony Child Support Retirement/Pension Social Security (taxed) Worker's Compensation Medical/Dental	You or your parent(s)' received benefits in 2015 which have ceased or been reduced in 2016 Your or your parent(s)' paid expenses not covered by insurance and are over the expected cost of attendance	Completed Verification Worksheet -V1 Form and complete copies of: <ul style="list-style-type: none"> • Type written explanation of Special Circumstances • 2015 Federal IRS Tax Transcript • 2015 W-2 Wage statements • Original 2015 Benefit statement listing total amount received • Revised 2016 Benefit statement and/or court documents listing updated amount to receive and effective date
<input type="checkbox"/> Separation or Divorce	Your parents or you separated from your spouse or divorced AFTER filing the FAFSA.	Completed Verification Worksheet -V1 Form and complete copies of: <ul style="list-style-type: none"> • Type written explanation of Special Circumstances • 2015 Federal IRS Tax Transcript • 2015 W-2 Wage statements • Last two pay stubs showing 2016 year-to-date earnings from each job • Divorce Decree or separation agreement or legal court document
<input type="checkbox"/> Death of a Parent or Spouse	A parent or spouse has died AFTER filing the FAFSA.	Completed Verification Worksheet -V1 Form and complete copies of: <ul style="list-style-type: none"> • Type written explanation of Special Circumstances • 2015 Federal IRS Tax Transcript • 2015 W-2 Wage statements • Certified death certificate
<input type="checkbox"/> One-time Payment Received	Your parents or you (or spouse) received a one-time lump sum payment of monies in 2015.	Completed Verification Worksheet -V1 Form and complete copies of: <ul style="list-style-type: none"> • Type written explanation of Special Circumstances • 2015 Federal IRS Tax Transcript • 2015 W-2 Wage statements • Documents detailing One-Time Payment amount, source, reason • Documents detailing how one-time payment was spent (bank statements, cancelled checks, etc.)
<input type="checkbox"/> Other	Reasons not listed on this form.	Completed Verification Worksheet -V1 Form and complete copies of: <ul style="list-style-type: none"> • Type written explanation of Special Circumstances • 2015 Federal IRS Tax Transcript • 2015 W-2 Wage statements • Appropriate documents to explain the situation and/or change

INSTRUCTIONS: Provide the best estimate of your (and your spouse's) income or your parents' income (if you are dependent) from all sources for the period from January 1, 2016 through December 31, 2016. You must place an answer on each of the lines below. Report "0" if there is nothing to report. Be sure to list figures for the entire 2016 calendar year – it may be necessary for you to project or estimate a portion of this income.

2016 Calendar Year (January 1-December 31, 2016)	Estimated 2016 Income Student/Spouse	Estimated 2016 Income Parent(s)
Work income for student/Parent 1 (father/mother/stepparent)	\$	\$
Work income spouse/Parent 2 (father/mother/stepparent)	\$	\$
Severance Compensation	\$	\$
Unemployment Compensation	\$	\$
Other taxable income (such as state tax refunds, alimony, capital gain, taxable social security, etc.)	\$	\$
Other untaxable income or benefits	\$	\$
Total Income from above sources	\$	\$

CERTIFICATION: I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to data on my FAFSA based on forms and/or documents submitted. ***I understand that I must report changes of the above figures to the Financial Aid Office.***

Student's Signature Date Parent's Signature Date

FOR FINANCIAL AID OFFICE USE ONLY

Appeal **APPROVED** Appeal **DENIED** Date _____ FA Advisor Signature _____

Prior EFC: _____ Trans #: _____ New EFC: _____ Trans#: _____

Reason _____

Appeal **APPROVED** Appeal **DENIED** Date _____ FA Manager Signature _____