

## SPECIAL CONDITIONS FORM

(2016-2017 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

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<b>CCC ID#</b>	<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
<b>Mailing Address</b>		<b>City</b>	<b>ST Zip Code</b>
<b>Telephone No. (include area code)</b>		<b>Email Address</b>	

This form is accepted from **July 1, 2016 – November 15, 2016** and from **\*February 1, 2017 – June 30, 2017**.

\*Forms submitted after February 1, 2017 must include a printout of 2016 Tax Return Transcript and copies of 2016 W-2's.

Families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to help address your possible need for special consideration of unusual circumstances during the calendar year, January 1, 2016 – December 31, 2016. **Allow 10 business days after the financial aid file has been verified for this appeal to be reviewed; if corrections are required during initial verification, the process will be delayed.**

**All appeals must include the following documentation:**

- A signed and dated statement explaining your appeal situation. If both parent(s) and student have experienced a change, each must submit their own signed statement with this completed form. Please be specific and include pertinent details (e.g. what has changed, why the change occurred, and the dates changes occurred.)  
The specific details help us to better understand your particular situation.
- A copy of 2015 Tax Return Transcripts for the student/parent(s)/spouse if the Data Retrieval Option on the FAFSA was not used.
- Copies of all 2015 W-2's for student/parent(s)/spouse.
- Household Members Form 2016-2017 (available at CCC website under Financial Aid Forms page)
- Household Resource Verification Form 2016-2017(available at CCC website under Financial Aid Forms page)

In the table below, check the special circumstance applies to you or your family situation.

Special Circumstance	Dependent Students	Independent Students	Required Documentation	(All documentation must be signed)
<input type="radio"/> <b>Reduction or Loss of Employment</b>	Your parent(s) or your income earned in 2016 will be less than that earned in 2015.	You (and/or your spouse's) income earned in 2016 will be less than that earned in 2015.	<ul style="list-style-type: none"> <li>• Final Paystub(s) with Year to Date Earnings</li> <li>• Termination letter from employer if applicable</li> <li>• Current Paystub(s) with Year to Date Earnings (Student /Parent/Spouse)</li> <li>• Unemployment Benefit Summary if applicable</li> </ul>	
<input type="radio"/> <b>Reduction or Loss Of Untaxed Income</b> Child Support; Social Security; Worker's Compensation	Your parent(s) or your 2015 benefits have been reduced or ceased in 2016.	You (and/or your spouse's) 2015 benefits have been reduced or ceased in 2016.	<ul style="list-style-type: none"> <li>• Documentation of 2016 untaxed income</li> <li>• Documentation of total 2015 untaxed income &amp; end date.</li> </ul>	
<input type="radio"/> <b>Change in Marital Status</b> Date of Change: _____	Your parents were married; separated; divorced; or widowed <b>after</b> the FAFSA was filed.	You were married; separated; divorced or widowed <b>after</b> the FAFSA was filed.	<ul style="list-style-type: none"> <li>• Copy of Marriage Certificate</li> <li>• Copy of Divorce decree or legal separation</li> <li>• Proof of separate residence for both parties for at least the last six months</li> <li>• Copy of Death Certificate (if applicable)</li> </ul>	
<input type="radio"/> <b>One Time Payment Received</b>	You or your parent(s) received a one-time payment (lump sum) in 2015.	You (and your spouse) received a one-time payment (lump sum) in 2015.	<ul style="list-style-type: none"> <li>• Documents detailing source, amount and reason for one-time payment.</li> </ul>	

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### Anticipated 2016 Income / Benefits (January 1, 2016 to December 31, 2016):

Please list all anticipated income for the calendar year 2016 in the chart below.

- Independent student: Include your information and if applicable, your spouse.
- Dependent student: Include your information and your parent(s). If your parents information is on the FAFSA, you must include it on this appeal.

Use estimated amounts when actual income figures are not available or have not yet been earned. **Do not leave any blank spaces, enter -0- or N/A if necessary. Leaving spaces blank will result in denial of this appeal.**

Estimated 2016 Finances	Student	Spouse	Mother/ Stepmother	Father/ Stepfather
Wages, Salaries, Tips, (Actual) <b>January 1, 2016 through Today</b>	\$	\$	\$	\$
Wages, Salaries, Tips, (Estimated) <b>Today through December 31, 2016</b>	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Business / Farm Income (Loss)	\$	\$	\$	\$
Other Taxable Income (Severance pay, Alimony, Capital Gains, etc.) <i>List Source:</i>	\$	\$	\$	\$
Veterans Non-Educational Benefits	\$	\$	\$	\$
Disability / Worker's Compensation	\$	\$	\$	\$
Child Support <b>Received</b>	\$	\$	\$	\$
Child Support <b>Paid Out</b>	\$	\$	\$	\$
Other Non-Taxable Income <i>List Source:</i>	\$	\$	\$	\$

Complete this section if your appeal is for a one-time (lump sum) payment in 2015.

Amount of One-Time Payment in 2015	\$	\$	\$	\$
Amount of One-Time Payment expected in 2016	\$	\$	\$	\$

**Requests will be denied if all required documentation is not submitted, please ensure you have submitted all required documentation with this appeal form.**

**Statement of Certification:** *I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date