

## 2020-26 SPECIAL CIRCUMSTANCES FORM

2700 Barstow Rd. Barstow, CA 92311 (760) 252-2411, x7205 finaid@barstow.edu

The Department of Education allows Financial Aid offices to use professional judgement to re-evaluate financial aid eligibility when the family income changes. \*Please note that you must complete a 2025-26 FAFSA before we can consider making any adjustments. Incomplete petitions will be returned.\*

| B Number                  | Name                       |                                  |
|---------------------------|----------------------------|----------------------------------|
| Email Address             |                            | Phone Number                     |
| To Pope (                 |                            |                                  |
| s this request for EOPS ( | Extended Opportunity       | Programs & Services)? ☐ Yes ☐ No |
| SECTION I: CHANGE I       | N FINANCIAL CIRCU          | UMSTANCES (Check all that apply) |
| ☐ Loss of income due      | to loss of job/forced redu | action in work hours             |
| ☐ Loss of income due      | to separation from milita  | nry                              |
|                           |                            |                                  |
| ☐ Loss of one-time inc    | come                       |                                  |
|                           | to divorce/separation      |                                  |
| ☐ Loss of income due      |                            | rent                             |

## 2025 Calendar Year

## **STUDENT:**

| Source of Income        | Start Date | <b>End Date</b> | <b>Total Income</b> | Documentation                                |
|-------------------------|------------|-----------------|---------------------|--|
| Employer (Name):        |            |                 |                     | Last (2) paystubs w/ YTD earnings            |
| Employer (Name):        |            |                 |                     | Last (2) paystubs w/ YTD earnings            |
| Disability Insurance:   |            |                 |                     | Notice of Computation statement from EDD     |
| Unemployment Insurance: |            |                 |                     | Unemployment insurance award letter from EDD |
| Other (Specify):        |            |                 |                     | Proof of income or support.                  |

| 1 otal Student Income 5 | <b>Total Student Income \$</b> |  |
|-------------------------|--------------------------------|--|
|-------------------------|--------------------------------|--|

## S

☐ Unemployment Award/Denial Letter

☐ Disability Notice of Computation/Award Letter

o If unavailable, provide last two (2) unemployment stubs.

o If unavailable, provide last two (2) disability stubs.

|   | Start Date   | End Date   | Total<br>Income  | Documentation  |
|---|--|--|--|--|
| Employer (Name):  |  |  |  | Last (2) paystubs w/ YTD earning   |
| Employer (Name):  |  |  |  | Last (2) paystubs w/ YTD earning   |
| Disability Insurance:   |  |  |  | Notice of Computation statement from EDD   |
| Unemployment Insurance:   |  |  |  | Unemployment insurance award letter from EDD   |
| Other (Specify):  |  |  |  | Proof of income or support.  |
|   |  | Tot  | al Spouse/Par  | ent Income \$  |
| Total Student Income<br>Total Spouse/Parent In  | ncome +  | \$<br>\$   |  | <u>-</u>   |
| Total Family Income   | =  | \$<br>\$   |  | <del>-</del><br>-  |
|   |  |  |  |  |
| CTION III PERSONAL S  | TATEMENT   |  |  |  |
| Per the reason(s) indicathat led to the change in   | nted in Section In your financial at should also in  | situation for 20   | 25. Include da   | a brief history of the circumstates where income changed and sources listed in Section II  |
| Per the reason(s) indicate that led to the change is stopped. Your statement (Projected Income World)   | nted in Section In your financial at should also in ksheet).   | situation for 20<br>aclude explanati                                   | 025. Include da<br>ion of income s   | tes where income changed and   |
| that led to the change is<br>stopped. Your statemen<br>(Projected Income Work<br>CTION IV. REQUIRED V   | nted in Section In your financial at should also in ksheet).   | situation for 20<br>aclude explanati                                   | 025. Include da<br>ion of income s   | tes where income changed and   |
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|   | DD214   |  |  |   |  |   |
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|   | Proof of Divorce/Separa   | ition  |  |   |  |   |
|   | <ul> <li>Copy of Divorce</li> </ul>   |  |  |   |  |   |
|   | <ul> <li>Proof of separate</li> </ul>   | ` 1  | oostal mail, utilit  | y bills, taxes, e   | tc.)   |   |
|   | Proof of Death of Paren   | -  |  |   |  |   |
|   | o Copy of Death C   |  |  |   |  | 1.0   |
|   | Documentation of Natur  | •  |  |   |  |   |
|   | Other:  |  |  |   |  |   |
|   | Other:  |  |  |   |  |   |
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| between<br>profess  | Circumstance Petitions and 2-4 weeks from the data<br>ional judgement is exercivided) the processing time   | e that a <u>complete</u><br>sed and if award   | e petition is subn<br>ls will be adjuste   | nitted. Student   | s will be not  | ified via email if  |
| SECTI   | ION VI. CERTIFICATI   | ON   |  |   |  |   |
|   |   |  |  |   |  |   |
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| I,  |   | , certify  | v that the infori  | mation and do   | cumentatio   | n provided is true  |
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