



COLLEGE OF THE CANYONS - FINANCIAL AID OFFICE

26455 Rockwell Canyon Road • Santa Clarita, California • 91355

Phone: (661) 362-3215 • Fax: (661) 362-5617 • www.canyons.edu/money4college

2020-2021 Extenuating Financial Circumstance Appeal

Last Name	First Name	COC ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Phone Number	<input type="text"/>				
Address, City, State, ZIP	<input type="text"/>								

INSTRUCTIONS: You are submitting this appeal to adjust your **Expected Family Contribution (EFC)** based on a change in and/or a reduction in earnings and/or benefits. Provide a brief statement below and attach REQUIRED documents supporting your appeal. Once you have completed your appeal, contact the Financial Aid Office at (661) 362-3215 for an appointment with an advisor.

SECTION 1: EXTENUATING FINANCIAL CIRCUMSTANCE

Part I - Please indicate student and/or parent(s) reason for loss/change of income or benefits.

- ☐ Student and/or Spouse's **income and/or benefits** will be **LESS than** 2018 due to:
- | | |
|--|---|
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Reduction in Work Hours |
| <input type="checkbox"/> Loss of Benefits (i.e. SSI, TANF, child support, alimony) | <input type="checkbox"/> Job Change |
| <input type="checkbox"/> One Time Income Received | <input type="checkbox"/> Marital Status Change (<i>IRS W2 transcripts required</i>) |
- ☐ Parent(s) **income and/or benefits** will be **LESS than** 2018 due to:
- | | |
|--|---|
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Reduction in Work Hours |
| <input type="checkbox"/> Loss of Benefits (i.e. SSI, TANF, child support, alimony) | <input type="checkbox"/> Job Change |
| <input type="checkbox"/> One Time Income Received | <input type="checkbox"/> Marital Status Change (<i>IRS W2 transcripts required</i>) |

Part II - Statement of Circumstance(s) - Attach additional pages if more space is needed

SECTION 2: REQUIRED DOCUMENTATION

Please attach student and/or parent(s) supporting documents. Use the checklist below to specify the types of documents.

- ☐ Copy of 2018 Federal IRS Tax Return Transcripts (student and/or spouse; parent's)
- ☐ A letter from your last employer(s). Use company letterhead to verify the date of layoff, retirement and/or reduction of work hours.
- ☐ A letter from your CURRENT employer(s) indicating hourly wage and estimated number of hours to be worked, per week or month, from today through December 31, 2020.
- ☐ A copy of the **year-to-date** paycheck stub verifying income. (student and/or spouse; parent's)
- ☐ A copy of your unemployment, Social Security and/or other types of benefits (if currently receiving benefits).
- ☐ Other: (Please specify): _____

Certification: I hereby certify that all information reported on this form and any attachments hereto are true, complete, and accurate. Further, I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken. (Please sign and date below)

Student Signature/Date _____

Parent Signature/Date _____

FOR OFFICE USE ONLY

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	STUDENT	SPOUSE/PARENT
FINANCIAL INFORMATION		
Adjusted Gross Income	_____	_____
Income Tax	_____	_____
Exemptions	_____	_____
Income Earned from Work	_____	Parent 1 _____ Parent 2 _____
Cash, Savings & Checking	_____	_____
Investments Net Worth	_____	_____
Business/Farm Net Worth	_____	_____
ADDITIONAL FINANCIAL INFORMATION		
Education Credits	_____	_____
Child Support Paid	_____	_____
Need-based Employment Earnings	_____	_____
Taxable Grant/Scholarship Aid	_____	_____
Combat Pay	_____	_____
Cooperative Experience Earnings	_____	_____
UNTAXED INCOME		
Tax-deferred Pension/Savings	_____	_____
IRA Deductions	_____	_____
Child Support Received	_____	_____
Tax Exempt Interest Income	_____	_____
Untaxed Portions of Pensions	_____	_____
Military/Clergy Allowances	_____	_____
Veterans Noneducation Benefits	_____	_____
Other Untaxed Income	_____	_____
Money Received or Paid on Behalf	_____	_____
HOUSEHOLD INFORMATION		
Number in household	_____	_____
Number in college	_____	_____
		EFC _____
Reviewed by: _____	Date: _____	Recommendation: Approval / Denial / Further Review
FA Administrator: _____	Date: _____	Decision: Approved / Denied / Further Review