



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

2021-2022 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** 2019 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** 2019 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 2019 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, 2021.
- ☐ 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

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 |