



**2009-10 Request for Recalculation Due to Special Conditions  
College of the Redwoods – Financial Aid Office**

Student's Name _____ <small style="display: flex; justify-content: space-around; width: 100%;">Last                      First                      M.I.</small>	Student ID# _____	Birth Date _____
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**INSTRUCTIONS:** You are submitting this appeal to request a review of extenuating circumstances not represented on the original 2009-2010 financial aid application. Attach your statement and supporting documents. **We will neither accept nor process changes without documentation.** We may contact you to request additional information if the circumstances are not well explained/documented. No new information will be considered once a decision has been made. All decisions are final.

**SECTION 1. Check boxes below to indicate reason(s) for Loss of Income or Benefits**

- Student and/or Spouse's 2009 income and/or benefits will be LESS than 2008 due to:
- Parent(s) 2009 income and/or benefits will be LESS than 2008 due to:
  - Loss of Employment
  - Job Change
  - Reduction in Work Hours
  - Loss of Benefits (ie child support, etc.)
  - One Time Income Received
  - Other (Specify) \_\_\_\_\_

**SECTION 2. Attach a detailed statement explaining how your circumstances have changed.** Be sure to include all relevant information including whom the circumstance affected, the dates the circumstances occurred and other information that you feel would justify this reduction/adjustment of income. Include last date of employment, reason for unemployment, date benefits stopped, etc.

**SECTION 3. Use the checklist below to specify the type of document(s) that are attached.**

- A letter from your last employer(s). Use company letterhead to verify the date of layoff, retirement and/or reduction of work hours.
- A copy of the year-to-date paycheck stub verifying income.
- A copy of your unemployment, Social Security and/or other types of benefits (if currently receiving benefits)
- Other: (Please specify): \_\_\_\_\_

**\*BOTH SIDES OF THIS FORM MUST BE COMPLETED\***

**SECTION 4. Enter student and/or parent(s) projected 2009 income and/or benefit amount(s):**

	STUDENT	SPOUSE/PARENT(S)		
<b>Current</b> Year-to-Date earnings/income	\$ _____	\$ _____	<b>From:</b> <u>Jan 1, 2009</u>	<b>to:</b> _____
<b>Projected</b> earnings through Dec 2009	\$ _____	\$ _____	<b>From:</b> _____	<b>to:</b> <u>Dec 31, 2009</u>
Other projected income:	\$ _____	\$ _____	<b>From:</b> _____	<b>to:</b> <u>Dec 31, 2009</u>
<i>(Include unemployment, social security, and/or other income not reported)</i>				

**CERTIFICATION:** *All of the information on this form is true and complete to the best of my knowledge. I understand that if I do not provide documentation, my request for review of special circumstances will not be processed. False statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.*

_____		_____	
Student Signature (required)	Date	Parent Signature (required if dependent student)	Date

<b>FOR OFFICE USE ONLY:</b>	FA Rep: _____	REVISED / NO CHANGE	Date: _____
Comments: _____			<i>Student      Spouse/Parent</i>
_____		EST ADJ GROSS INCOME:	_____
_____		EST UNTAXED INCOME:	_____
_____		EST TAX PAID (% OR CALC):	_____
_____		REVISED EFC:	_____