



Financial Aid Office  
721 Cliff Drive, Rm #SS 210  
Santa Barbara, CA 93109  
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FAX (805) 564-1893  
[www.sbcc.edu/financialaid](http://www.sbcc.edu/financialaid)

**PARENT**  
**SPECIAL CIRCUMSTANCES PETITION FORM**  
**FOR 2011-2012**

STUDENT NAME \_\_\_\_\_ STUDENT ID K00 \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ DATE \_\_\_\_\_

The Department of Education allows Financial Aid offices to use professional judgment to re-evaluate financial aid eligibility when the family income is lower for 2011 than the 2010 income required for the FAFSA. **Please note that our office requires a complete 2011-12 FAFSA before we can consider making adjustments. Incomplete petitions will be returned.**

Is this request for E.O.P.S. (Extended Opportunity Programs & Services)?  Yes  No

**Section 1: Change in Financial Circumstances from 2010 to 2011. Check all that apply:**

- Loss of Income due to Loss of Employment/Forced Reduction in Work Hours
- Loss of One-Time Income
- Loss of Income due to Divorce/Separation
- Loss of Income due to Death of Spouse or Parent
- Financial Loss/Hardship Due to Natural Disaster

**Section 2: Parent 2011 Projected Income Worksheet. Provide information for all sources of income that apply.**

**PARENT:**

Source of Income January - December 2011	Start date	End date	Parent Total Income	Documentation
Employer: give name				Provide last pay stub with YTD earnings
Employer: give name				Provide last pay stub with YTD earnings
Disability				Provide copy of Notice of Computation statement from EDD Disability Ins.
Unemployment Compensation				Provide copy of Notice of Unemployment Insurance Award
Other (specify):				Provide documentation regarding income

Parent Total Income: \$ \_\_\_\_\_

**SPOUSE:**

Source of Income January - December 2011	Start date	End date	Spouse Total Income	Documentation
Employer: give name				Provide last pay stub with YTD earnings
Employer: give name				Provide last pay stub with YTD earnings
Disability				Provide copy of Notice of Computation statement from EDD Disability Ins.
Unemployment Compensation				Provide copy of Notice of Unemployment Insurance Award
Other (specify):				Provide documentation regarding income

Spouse Total Income: \$ \_\_\_\_\_

Parent Total Income: \$ \_\_\_\_\_  
 + Spouse Total Income: \$ \_\_\_\_\_  
 = Grand Total Family Income: \$ \_\_\_\_\_

### Section 3: Personal Statement

- Per the reason(s) chosen in Section 1, provide statement with a brief history of the circumstances that led to the change in your financial situation for 2011. Include dates that income for 2011 changed or stopped. Your statement should also give further explanation of the sources of income for 2011 noted in Section 2 (Parent 2011 Projected Income Worksheet).

### Section 4: Verification Documentation Required for any Change in Financial Circumstances:

- Check this box if 2011 – 2012 Dependent Verification Worksheets and 2010 Parent and Student Federal Tax Returns (if filed) have already been submitted.
- 2011 – 2012 Dependent Verification Worksheet (for dependent students). Find it here: <http://www.sbccc.edu/financialaid/files/2011%202012%20Dependent%20Verification.pdf>
- Copy of signed 2010 federal income tax return (for petitions submitted **before** 12/31/2011). Do not submit tax schedules or additional forms.
- Copy of signed 2011 federal income tax return (for petitions submitted **after** 12/31/2011). Do not submit tax schedules or additional forms.

### Section 5: Additional Documentation required for the following:

#### Income: Disability

\_\_\_\_\_ Copy of Notice of Computation statement from EDD Disability Insurance

#### Income: Unemployment

\_\_\_\_\_ Copy of Notice of Unemployment Insurance Award

#### Loss of Income: Loss of Employment/Forced Reduction in Work Hours

\_\_\_\_\_ Letter from employer (if available) with last date of employment or date of forced reduction in hours. If letter from employer not available, give reason in personal statement (Section 3) why letter from employer is not available.

\_\_\_\_\_ Last pay stub reflecting year-to-date earnings. If last pay stub not available, give reason in personal statement (Section 3) why last pay stub is not available.

**Loss of Income: Divorce/Separation**

\_\_\_\_\_ Date of Separation/Divorce: \_\_\_\_\_

\_\_\_\_\_ Copy of Divorce Decree or Statement of Separation (if available)

\_\_\_\_\_ Asset Information form - report individual portion of assets due to divorce/separation

Find it here:

<http://www.sbccc.edu/financialaid/files/2011%202012%20Asset%20Information.pdf>

**Loss of Income: Death of Spouse or Parent**

\_\_\_\_\_ Photocopy of death certificate

**Financial Loss/Hardship Due to Natural Disaster**

\_\_\_\_\_ Actual 2011 natural disaster expenses **not** covered by insurance \$ \_\_\_\_\_

\_\_\_\_\_ **Estimated 2011** natural disaster expenses **not** covered by insurance \$ \_\_\_\_\_

\_\_\_\_\_ Documentation substantiating figures listed above (e.g., a copy of your FEMA disaster assistance form, or insurance appraisal, photocopies of all bills and receipts for repairs, etc.).

**PROCESSING TIMELINE**

Special Circumstances Petitions are reviewed solely by the Director of the Financial Aid Office. Expected review time is between 2 to 4 weeks from date that a complete petition is submitted. Students will be notified by an email to their Pipeline account if the appeal is approved and the awards are adjusted. Students will be contacted by email to their Pipeline account if the petition is not approved.

**CERTIFICATION**

**I/we certify that the information and documentation provided is true and correct. I/we understand that income or expenses not documented will not be considered. I/we further understand that if this petition is based on projected year income, I/we may, at some point, be required to provide additional information to confirm projected-year income. I/we also understand that if 2011 actual income varies from the 2011 projected income, the financial aid award may be adjusted and I/we may be responsible for repaying any overpayment of aid received. I/we understand that this is an appeal for consideration and submission does not constitute and/or guarantee approval.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office Use Only:

Date Submitted \_\_\_\_\_ By Advisor (initial) \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Date EC Processed \_\_\_\_\_ Original EFC \_\_\_\_\_ New EFC \_\_\_\_\_