

## **Special Circumstances Appeal 2024-25 Reduction of Income**

When circumstances change, and the FAFSA does not accurately reflect your family and income situation, we may consider your unique circumstances and make changes to your FAFSA, or adjustments to your Cost of Attendance. This may increase your eligibility for financial aid funds. Use this form to document your circumstances, and request an adjustment of your eligibility for aid.

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INSTRUCTIONS
<ul> <li>✓ File a 2024-25 Free Application for Federal Student Aid (FAFSA) at <i>https://studentaid.gov</i>, and all other documents needed to complete your file.</li> <li>✓ Attach documentation that supports the circumstances of your appeal with your name and ctcLink ID on each page.</li> <li>✓ Complete, sign and submit this form.</li> </ul>
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ADJUSTMENTS TO INCOME
Please check the box that best describes your circumstance(s). Attach the documentation required as indicated. Make sure your name and ctcLink ID is on each page of your documentation.
□ Voluntary Loss of Employment
Proof of income earned in 2024 (i.e. Year to Date Pay Stub). Note: your income cannot exceed the Washington State Need Grant 50% Median Family Income amount. We also allow voluntary loss of employment for programs that require you not work as a condition of admission to the program. Provide documentation of this if applicable.
□ Loss of Employment  State Unemployment Insurance documentation or Letter of Termination from your employer; proof of income earned in 2024 (i.e. Year to Date Pay Stub)
☐ <b>Reduction in Wages</b> Copy of student/parent's most recent pay stub and a letter from employer indicating changed pay rate or reduction in hours.
☐ Reduction in Untaxed Income or Benefits (i.e. child support)  Letter from appropriate agency or authority that details the type and amount of benefits received in 2024 and the date the benefits ended.
One-Time Income  Describe the nature of the one-time income included on your, or your parents' 2022 tax return and/or reported on your FAFSA. Also, tell us why this income should not go towards paying for the cost of college. Use the "Personal Statement" space provided below.
PERSONAL STATEMENT
Please provide a statement describing your financial circumstances and what caused a decrease (or one-time increase) in your resources. If you need more space, please continue on reverse side or attach a separate page.

Student Name:	ctcLink ID #:

## **2024 PROJECTED INCOME**

Please estimate your 2024 earnings and income, to the best of your ability, in the following

PARENT'S INCOME INFORMATION (Required for dependent students only)	CALENDAR YEAR January 2024 – December 2024
Parent 1 (Father, Mother, Stepparent) Gross Income from Work	\$
Parent 2 (Father, Mother, Stepparent) Gross Income from Work	\$
Parent(s) Other Taxable Income (ex: alimony received, business income, rental income, unemployment, capital gains, interest/dividends, etc.)	\$
Parent(s) Other Non-Taxable Income (ex: child support, military benefits other than educational benefits, tax-deferred pensions, etc.)	\$
STUDENT'S INCOME INFORMATION	
Student's Gross Income from Work	\$
Spouse's Gross Income from Work	\$
Student and Spouse's Other Taxable Income (ex: alimony received, business income, rental income, unemployment, capital gains, interest/dividends, etc.)	\$
Student and Spouse's Other Non-Taxable Income (ex: child support, military benefits other than educational benefits, tax-deferred pensions, etc.)	\$

## **SIGNATURES**

By signing this form, I affirm that all information on this form and on any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide additional documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal and/or repayment of financial aid and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature (Required):	Date:
Parent Signature (Required for Dependent Students):	Date:

## Bellevue College Financial Aid Office • 3000 Landerholm Circle SE • Bellevue, WA 98007-6484 www.bellevuecollege.edu/fa

Bellevue College does not discriminate on the basis of race, color, national origin, language, ethnicity, religion, veteran status, sex, sexual orientation, including gender identity or expression, disability, or age in its programs and activities. Please see policy 4150 at www.bellevuecollege.edu/policies/. The following people have been designated to handle inquiries regarding non-discrimination policies: Title IX Coordinator, 425-564-2641, Office C227, and EEOC/504 Compliance Officer, 425-564-2266, Office R130.

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