



**Valencia Community College - Financial Aid Services  
Review of Current Financial Situation  
2009-2010**

Instructions:

Use this form only if you have experienced a significant change in income, have unusual medical or dental expenses or other unusual circumstances and wish to request special consideration of these items. You are encouraged to meet with a Financial Aid Specialist about your situation prior to submitting this form.

Complete this form **AFTER** you have completed the Free Application for Federal Student Aid (FAFSA).

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**STUDENT NAME**

LAST	FIRST	MI	PHONE NUMBER	Valencia I.D.# or SSN#	
ADDRESS			CITY	STATE	ZIP CODE

Check the appropriate item that describes your request:

**A. Loss or reduction of income or benefits.**

If you, your spouse, your parent had employment in 2008, but experienced a loss of job or reduction of income in the calendar year 2009.

If you, your spouse, your parent received unemployment compensation or some untaxed income or benefit in 2008 and have lost that income or benefit in the calendar year 2009.

If you suffered a loss of family income due to death of parent or spouse.

**All Applicants Must Submit the Required Documentation and complete Section D & Section E of this form.**

- Signed detailed written statement describing circumstances **including the date the changes occurred.**
- Signed Copy of 2008 Federal tax forms and W-2's.
- Termination letter or loss of benefit notification, if applicable.
- Proof of Unemployment benefits, if applicable
- Most recent paystubs showing 2009 year-to-date earnings if this appeal is filed prior to November 1, 2009.
- 2009 Federal Tax forms and W-2's if this appeal is filed after January 1st, 2010.
  - In case of death, please provide a copy of the death certificate or obituary.
  - In case of divorce or separation, please submit divorce papers or written statement of separation.
  - In case of One-time Income Distribution---Please explain how these funds were used along with proof (i.e. Pension, IRA, Capital Gain)

**B. Excessive Medical or Dental Expenses**

If you, your spouse, your parent have on-going medical/dental expenses in calendar year 2009 that are not covered by insurance.

If you, your spouse, your parent paid excessive medical and/or dental expenses in calendar year 2009.

**All Applicants Must Submit the Required Documentation and skip to Section E of this form:**

- A signed detailed written statement describing circumstances.
- Attach bills/receipts and an itemized list with a total of ALL medical and or dental expenses paid out of pocket.

**C. Unusual or unexpected expenses not covered by another agency (select one and skip to section E):**

- \_\_\_ Tuition expenses for elementary, secondary education, or daycare paid within the award year. Please provide receipts.
- \_\_\_ Computer expenses that were paid within the award year. Please provide receipts.

**This Form is Continued on the Back**

For Staff Use Only <b>PJEVAL</b>
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