



2016–2017 Income Based Special Condition Application

This form is to request that the Financial Aid Office consider special or unusual circumstances that may affect your eligibility for financial aid for the 2016-2017 academic year. Please complete sections A, B, C, & D, following all instructions, and then return this form and the required documentation to the Financial Aid Office (see address below). The certification on the back of this form must be signed by everyone whose information is being reviewed, you cannot provide electronic signatures.

Complete this form and return it to: CC Financial Aid Office, 600 Centralia College Blvd., Centralia, WA, 98531-4099
Phone: 360.736.9391 ext. 234 **Fax:** 360.330.7105 **Email:** financialaid@centralia.edu

Last Name

First Name

M.I.

Social Security Number

Street Address (include apt. no.)

Student Identification Number

City

State

Zip Code

Date of Birth

Email Address

Phone Number

A. This application is for the calendar year 2016.

Provide documentation for the time period of 1/1/16 – 12/31/16

B. Provide a timeline and detailed statement explaining how and when your circumstances changed.

C. Check one or more of the following conditions that apply to your situation and provide appropriate documentation. Requested documentation must be on official letterhead from someone other than a family member or friend who is aware of your situation.

Loss of Earnings

You, and/or your family had a loss in earnings.

- **attach documentation that verifies the last date of employment**
- **attach documentation of income, if any, that has been earned since January 1, 2015 – last paystub with YTD earnings**
- **attach copies of 2015 tax transcript(s), if tax return(s) filed**

Complete Section D on the back of this form

Loss of Resources

You, and/or your family, are no longer receiving resources (other than wages) that were previously available to you.

- **attach copies of 2015 tax transcript(s), if tax return(s) filed**
- **attach documentation from appropriate agencies which indicates when benefits ended, the total amount received in 2015, and what has been received since January 1, 2016**

Complete Section D on the back of this form

D. Complete the following information. Remember to provide documentation that verifies the amounts being listed. Include earnings from all employment and any other taxable and non-taxable income.

Taxable Income	Documentable Income 1/1/16 to present		Estimated Income present to 12/31/16		Total
	Student/Spouse	Parent(s)	Student/Spouse	Parent(s)	
Gross Income earned <i>(Provide copy of current paycheck stub that includes year to date information)</i>					
Unemployment Compensation <i>(Provide copy of current statement and printout of all 2016 payments)</i>					
Other taxable income <i>(interest, dividend, taxable pension, alimony/maintenance support)</i>					
Total taxable income					

Non-taxable income	Documentable Income 1/1/16 to present		Estimated Income present to 12/31/16		Total
	Student/Spouse	Parent(s)	Student/Spouse	Parent(s)	
Child Support received <i>(Provide copy of current statement and printout of all 2016 payments)</i>					
Pension <i>(Provide copy of current statement and printout of all 2016 payments)</i>					
Social Security/SSI					
Public Assistance (TANF/GAU)					
Disability, L&I, VA <i>(Provide copy of current statement and printout of all 2016 payments)</i>					
Cash support paid on your behalf for bills in your name					
Other Untaxed Income					
Total Non-taxable income					

Child support paid <i>(Provide copy of current statement and printout of all 2016 payments)</i>					
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I certify that all of the information reported on this form and the attached documentation is true and complete to the best of my knowledge. I understand that if I do not provide adequate documentation, this request for review of my special circumstances will not be processed. I must inform the Financial Aid Office if there are any changes to the above information.

Student Signature

Date

Spouse or Parent Signature

Date