



2020-2021 Special Circumstances Application

Student's Name: _____ Student's ID#: _____

Spouse's Name: _____ Parent(s) Name(s): _____

This form is used to request a reevaluation of the information on the Free Application for Federal Student Aid (FAFSA) due to special circumstances. Your application will not be processed until Del Mar College receives the FAFSA results and all required supporting documents along with this form. Failure to furnish all the required documentation will delay the review process and/or result in denial of your request.

**If Estimated Family Contribution (EFC) = 0,
NO Special Circumstance Application will be accepted.**

Important Instructions:

- Indicate your special circumstance from the list on Pages 2 and 3.
Possible circumstances that can be reviewed:
 - Involuntary Loss of Income
 - Recently Divorced
 - Death of a Parent/Spouse
 - One-time Income
- Attach the following documents:
 - **TYPED** letter detailing your circumstance(s)
 - Copy of student's and spouse's or parent's, if applicable, **2018 IRS Tax Return Transcript**
 - All required documentation requested by the Financial Aid Office.

Please refer to the corresponding section for definitions and additional required documentation
Additional information may be required after initial review

Important Note: The turnaround time can take up to 4-6 business weeks.
All applications are reviewed and processed in the date and order in which they were received at the Financial Aid Office. You will be notified when your application has been processed via your preferred student email on file. *Failure to submit required documentation will delay processing or cancellation of your request.*

Del Mar College Financial Aid Services Email: financialaid@delmar.edu http://www.delmar.edu	East Campus: Harvin Center – Rm 263 Phone: (361) 698-1293 Fax: (361) 698-2017	West Campus: Coleman Center – Rm 140 Phone: (361) 698-1726 Fax: (361) 698-2695
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Involuntary Loss of Employment

Complete this section if you have experienced a reduction in income due to an involuntary loss of employment after a minimum of 10-12 weeks.

You are **required** to attach the following supporting documentation:

- Termination letter from previous employer on company letterhead
- If terminated, benefit statement from Work Force Commission detailing benefits or typed statement detailing why you did not apply or receive benefits
- Copy of last pay stub documenting year-to-date earnings in 2019 and/or 2020

When considering income reduction, the following family members must be reviewed.
Family members include student, spouse and parent, if applicable.

Date student's income reduction occurred: ____ / ____ / ____

Date spouse's income reduction occurred: ____ / ____ / ____

Date parent's income reduction occurred: ____ / ____ / ____

2019 Monthly Income	Student	Spouse	Parent 1	Parent 2
Wages from Work	\$	\$	\$	\$
Welfare Benefits	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Child Support Benefits	\$	\$	\$	\$
Housing / Food Allowances	\$	\$	\$	\$
401K	\$	\$	\$	\$
Other – Indicate Source Below:	\$	\$	\$	\$
Total Monthly Income in 2019	\$	\$	\$	\$

2020 Estimated Monthly Income	Student	Spouse	Parent 1	Parent 2
Wages from Work	\$	\$	\$	\$
Welfare Benefits	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Child Support Benefits	\$	\$	\$	\$
Housing / Food Allowances	\$	\$	\$	\$
401K	\$	\$	\$	\$
Other – Indicate Source Below:	\$	\$	\$	\$
Total Expected Monthly Income in 2020	\$	\$	\$	\$

Divorce

Complete this section if after submitting your 2020-2021 FAFSA, you (or your parent) recently divorced.

Date of Marriage: ____/____/____

Date of Divorce: ____/____/____

Attach the following:

- Copy of divorce decree
- Copy of 2018 Tax Return Transcript(s) with ALL W-2 and/or 1099 Forms to separate income.

Death of a Parent or Spouse

Complete this section if after submitting your 2020-2021 FAFSA, your parent or spouse recently passed away.

Date of Death: ____/____/____

Attach the following:

- Copy of death certificate or death notice
- Copy of 2018 Tax Return Transcript(s) with ALL W-2 and/or 1099 Forms to separate income.

One-time Income

Complete this section if you received a one-time income in the 2018 Tax Year.

Important Note: Everyday living expenses will not be considered (ex: utility bill, car payments/gas payments, groceries, rent/mortgage, etc.), and winnings from gambling are not considered a special circumstance.

Attach the following:

- Documentation identifying the source of one-time income
- Documentation of how funds were spent (paid receipts)
- Documentation of amount of any remaining funds

Certification and Signatures

Each person signing below certifies that all the information reported is complete and correct. The student and spouse's, if applicable whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature (Required)

Date

Spouse's / Parent's Signature (Required)

Date