

## 2021-2022 APPEAL FORM FOR SPECIAL CIRCUMSTANCES

Peralta Student ID:	Student Full Name:			
All students requesting special circumstar		,	·	
he circumstances are required. Submitti	ing an appeal for special	circumstances does not gua	arantee an adjustment will be	Э
made to your aid package. Decisions:	arefinal and will be come	municated directly to the st	udent via e-mail	

<u>Section A- Explanation of Special Circumstances</u> - You **must attach** a written statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your particular situation. Make sure to date and sign your written statement. If you are a dependent student, your parent must also date and sign the statement.

<u>Section B-Special Circumstances for Consideration</u> -Please review and indicate which special circumstance applies to you. Complete copies of documentation listed as **required** (\*) must be submitted along with this form to review your request. Additional documentation that helps support your appeal, even if not listed as required, can be submitted as well. **List your name and Peralta ID number at the top of all submitted documents.** 

Special Circumstance	ForaDependent Student	For an Independent Student	Required Documentation
Loss of Employment	Student or parent(s)' income earned in 2020 or 2021 will be less than what was earned in 2019.	Your (and/or your spouse's) income earned in 2020 or 2021 will be less than what was earned in 2019.	* 2019 US Federal IRS Tax Transcript  * W-2 Wage statements  * Unemployment Award Letter  * Last pay stub showing year-to-date earnings  * Termination notice from employer
Other Loss of Income or Extraordinary Expenses  • Alimony • Child Support • Retirement/Pension • Social Security (taxed) • Workers' Compensation • Medical/Dental	You or your parent(s)' received benefits in 2019 which have ceased or been reduced in 2020 or 2021.      You or your parent(s)' paid expenses not covered by insurance and are over the expected cost of attendance.	You (and/or your spouse) received benefits in 2019 which have ceased or been reduced in 2020 or 2021.      You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance.	* 2019 US Federal IRS Tax Transcript  * W-2 Wage statements  * Original 2019 Benefit statement listing total amount received  * Revised 2020 or 2021 Benefit statement and/or court documents listing updated amount to receive and effective date and/or  * Insurance coverage  * All medical bills
Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA.	You and your spouse separated or divorced AFTER filing the FAFSA.	* 2019 US Federal IRS Tax Transcript * W-2 Wage statements * Divorce decree or separation agreement or proof of separate addresses
Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	* 2019 US Federal IRS Tax Transcript * W-2 Wage statements * Death certificate
One Time Payment Received	Your parents received a one-time lump sum payment of monies in 2019.	You (and your spouse) received a one-time lump sum payment of monies in 2019.	* W-2 Wage statements * 2019 US Federal IRS Tax Transcript * Documents detailing One Time Payment amount, source, reason

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<u>Section C- Income and Benefits for 2020</u>: Please bring complete copies of your 2020 US Federal IRS Tax Transcript and W-2 statements.

## OR

## Section C - Projected Income and Benefits for 2021:

Supporting Documentation for income sources listed on page 2

Please check the box to indicate if the projected income is for the calendar or academic year. Select option which would most benefit student. CALENDAR YEAR
January 2021 through December 2021
ACADEMIC YEAR
August 2020 through July 2021

Appropriate Signatures, Student Name, and Peralta ID on ALL documents

You are required to provide the received and/or expected income for all categories listed below. If no income is received and/or expected for a category, use "0" or "N/A" - **do not leave any blanks**. In addition to the required documentation listed on page 1, you must submit proof of all income figures provided below (e.g., for wages, supply a copy of your most recent pay stub).

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Student's Spouse
Wages, Tips, Salary				
Interest and/or Dividend Income				
Workers' Compensation				
Pensions and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits				
Child Support				
Alimony				
Welfare Benefits				
Other:				
TOTAL OF ALL INCOME:				

<u>Section D- For students who selected the One Time Payment Received in 2019 option only</u> - If your appeal is for a One Time Payment received in 2019, please enter the amount received below.

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Spouse
Amount of One Time Payment received in 2019				

Section E- Statement of	Certification - B	y signing below, I certify al	If the information on this form is true and comple	te to the	
		, , ,	ocumentation to substantiate the information pro		
	•	•	by-case basis and this written request may not u		
result in actual change in		are remember on a case s	y case sacie and the minion request may not s		
roodit iir dotdar orlango ii	mianolal ala				
Student Signature	udent Signature Date		Parent Signature (if student is dependent) / Student's Spouse Signature (if applicable)		
lave you provided all the	following?				
Written Detailed Statemen	U		Ocopies of all required documentation as indicated on	page 1	

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