



GRAND CANYON UNIVERSITY™

2016-2017 Petition for Special Circumstances Loss of Income

Student Name: _____ GCU Student Number: _____

Phone Number: _____

GCU Office of Financial Aid may use professional judgment (PJ) on a case-by-case basis to review extenuating circumstances that are now affecting the student's income situation. These extenuating circumstances may include substantial loss of income or assets or recent unemployment of a family member. Please note: If PJ is requested due to change in marital status where you are no longer considered married, but are still an Independent student, please request a Separation of Income and do not continue with Loss of Income PJ.

Please complete the section below and submit the required document(s) to your GCU Student Services Advisor for review.

Loss of Income – Not applicable with 0 EFC

If there has been significant changes to your and/or your parent's/spouse's income during the calendar year 2015 due to extenuating circumstances listed above, please provide a brief explanation below and submit the following documents that apply to your request:

- Submit 2015 IRS Tax **Transcript** (if filed separately, also need spouse's 2015 U.S Income Tax Transcript).
- Need final paystubs from all employers in 2016 and **copy of all W-2s**
- If appeal is due to loss of employment, need letter from former employer(s) confirming last date of employment in 2016. If this is not possible, a signed statement confirming last date of employment will be acceptable.
- Submit a copy of the Unemployment Maximum Benefits Statement for 2016 (if applicable).
- Provide evidence of failed business or farm, and/or loss of asset(s) by providing Schedule C, Schedule F, Schedule K-1, and/or Schedule SE
- An estimate of projected income through December 31st of the 2016 calendar year (*next page*)

Please note, additional information may be requested.

Projected Income Worksheet: Please complete this worksheet for all income projections through December 31st, 2016.

Last Date of Employment (if applicable) _____

Please list by month the amount(s) of projected income for the current calendar year (01/01/16-12/31/16) for all applicable sources of income. **Documentation must be provided for every family member whose information is supplied in the worksheet below.** Actual amounts must be indicated for months that have already passed as of the date this Petition is submitted to your GCU Student Services Advisor and estimated amounts must be indicated for the remaining months.

Please note: For any months in which \$0 income is reported, please indicate how you and/or your spouse/parent(s) will be supported by attaching a signed, written statement.

<i>Income Earned from Work</i>					
Gross Wages					
	Student	Spouse	Father	Mother	Other
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total	\$	\$	\$	\$	\$

Unemployment					
Gross Wages					
	Student	Spouse	Father	Mother	Other
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total	\$	\$	\$	\$	\$

For months where Unemployment is listed, please provide Maximum Benefits Statement.

Worker's Compensation					
Gross Wages					
	Student	Spouse	Father	Mother	Other
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total	\$	\$	\$	\$	\$

		Child Support/Alimony Received				
		Student	Spouse	Father	Mother	Other
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total		\$	\$	\$	\$	\$

		Disability (list type below since not all are reported on FAFSA)				
		Student	Spouse	Father	Mother	Other
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total		\$	\$	\$	\$	\$

Type of disability received: _____

Other Income (source of income must be provided)					
	Student	Spouse	Father	Mother	Other
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total	\$	\$	\$	\$	\$

Source of Other Income: _____

Student Signature: _____ Date: _____

HANDWRITTEN SIGNATURE REQUIRED - TYPED/ELECTRONIC SIGNATURE NOT ACCEPTED