2016-2017 Petition for Special Circumstances Loss of Income

Student Name:		GCU Student Number:		
Ph	one Number:			
rev ext une	CU Office of Financial Aid may use professional judition extenuating circumstances that are now affecting enuating circumstances may include substantial employment of a family member. If due to recent committed until unemployment compensation has been committed.	ng the student's income situation. These loss of income or assets or recent unemployment, this application cannot be		
cor	rase note: If PJ is requested due to change in ransidered married, but are still an Independent student, pant continue with Loss of Income PJ.			
	ase complete the section below and submit the required unselor for review.	document(s) to your GCU Student Services		
Lo	ss of Income – <i>Not applicable with 0 EFC</i>			
yea	nere has been significant changes to your and/or your pa ar 2015 due to extenuating circumstances listed above, p omit the following documents that apply to your request:			
	Submit 2015 IRS Tax Transcript (if filed separately, alt Tax Transcript).	so need spouse's 2015 U.S Income		
	Need final paystubs from all employers in 2016 and co	py of all W-2s		
	If appeal is due to loss of employment, need letter from employment in 2016. If this is not possible, a signed st employment will be acceptable.			
	Submit a copy of the Unemployment Maximum Benefit Denial Letter (if applicable).	s Statement for 2016 or an Unemployment		
	Provide evidence of failed business or farm, and/or los Schedule F, Schedule K-1, and/or Schedule SE	s of asset(s) by providing Schedule C,		
	An estimate of projected income through December 31	st of the 2016 calendar year (next page)		

Please note, additional information may be requested.

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

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

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

If there are any blank boxes in the grid above, an Unemployment Denial letter is required. For months where Unemployment is listed, please provide Maximum Benefits Statement.

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

If disability is listed, please provide type:					
Student Signature:	Date:				

08192016

 $HANDWRITTEN\ SIGNATURE\ REQUIRED-TYPED/ELECTRONIC\ SIGNATURE\ NOT\ ACCEPTED$