



# GRAND CANYON UNIVERSITY™

## 2017-2018 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. If due to recent unemployment, this application cannot be submitted until unemployment compensation has been confirmed/denied.

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 Counselor 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 2016 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 IRS Tax Transcript).
- Need final paystubs from all employers in 2016/2017 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 2016/2017. 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 2016/2017 or an Unemployment Denial Letter (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 2017 calendar year (*next page*)

**Please note, additional information may be requested.**

**Projected Income Worksheet:** Please complete this worksheet for all income projections through December 31<sup>st</sup>, 2017.

Last Date of Employment (if applicable) \_\_\_\_\_

Please list by month the amount(s) of projected income for the current calendar year (01/01/17- 12/31/17) 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 and dated written statement.

<i>Income Earned from Work</i>					
<b>Gross Wages</b>					
	Student	Spouse	Parent 1	Parent 2	Other
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
<b>Total</b>	\$	\$	\$	\$	\$

	<b>Unemployment</b>				
	<b>Gross Wages</b>				
	Student	Spouse	Parent 1	Parent 2	Other
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
<b>Total</b>	\$	\$	\$	\$	\$

**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.**

	<b>Worker's Compensation/Disability</b>				
	<b>Gross Wages</b>				
	Student	Spouse	Parent 1	Parent 2	Other
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
<b>Total</b>	\$	\$	\$	\$	\$

**If disability, please indicate type:**                      Veteran's Administration                      Other Disability

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HANDWRITTEN SIGNATURE REQUIRED – TYPED/ELECTRONIC SIGNATURE NOT ACCEPTED**