## 2017-2018 Petition for Special Circumstances Loss of Income

Stu	Student Name: GCU	Student Number:
Ph	Phone Number:	
rev ext	GCU Office of Financial Aid may use professional judgment review extenuating circumstances that are now affecting the extenuating circumstances may include substantial loss unemployment of a family member. If due to recent unemplosubmitted until unemployment compensation has been confirmed	student's income situation. These of income or assets or recent byment, this application cannot be
cor	Please note: If PJ is requested due to change in marital considered married, but are still an Independent student, please and not continue with Loss of Income PJ.	
	Please complete the section below and submit the required docume Counselor for review.	ent(s) to your GCU Student Services
Lo	Loss of Income – <i>Not applicable with 0 EFC</i>	
circ	If there has been significant changes to your and/or your parent's/s circumstances listed above, please provide a brief explanation belo documents that apply to your request:	
	□ Submit 2015 IRS Tax <b>Transcript</b> (if filed separately, also need Transcript).	d spouse's 2015 IRS Tax
	☐ Most recent paystubs from all employers and copies of all W-	-2s for the tax year in which the loss occurred
	If appeal is due to loss of employment, need letter from form of employment. If this is not possible, a signed and dated employment will be acceptable.	
	Submit a copy of the Unemployment Maximum Benefits States specific loss or an Unemployment Denial Letter (if applicable).	
	□ Provide evidence of failed business or farm, and/or loss of ass Schedule F, Schedule K-1, and/or Schedule SE	set(s) by providing Schedule C,
	☐ An estimate of projected income through the current calendar	year (next page)

Please note, additional information may be requested.

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projections through the current calendar year.
Last Date of Employment (if applicable)

Projected Income Worksheet: Please complete this worksheet for all income

Please list by month the amount(s) of projected income for the current calendar year 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.

		Income	Earned from W	/ork	
		Gross Wages			
	Student	Spouse	Parent 1	Parent 2	Other
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total	\$	\$	\$	\$	\$

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

If disability, please indicate type:	Veteran's Administration	Other Disability	
Student Signature:	Date:		

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

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