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

Stu	udent Name:	GCU Student Number:
Ph	one Number:	
rev exte	CU Office of Financial Aid may use professional judgiview extenuating circumstances that are now affecting tenuating circumstances may include substantial employment of a family member. If due to recent urbmitted until unemployment compensation has been continued to the compensation of	g the student's income situation. These loss of income or assets or recent nemployment, this application cannot be
cor	ease note: If PJ is requested due to change in monsidered married, but are still an Independent student, plant continue with Loss of Income PJ.	
	ease complete the section below and submit the required dunselor for review.	ocument(s) to your GCU Student Services
Lo	ss of Income – <i>Not applicable with 0 EFC</i>	
circ	here has been significant changes to your and/or your par cumstances listed above, please provide a brief explanatio cuments that apply to your request:	
	Submit 2015 IRS Tax Transcript (if filed separately, also Transcript).	·
	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 of employment. If this is not possible, a signed and employment will be acceptable.	
	Submit a copy of the Unemployment Maximum Benefits specific loss or an Unemployment Denial Letter (if applic	
	Provide evidence of failed business or farm, and/or loss Schedule F, Schedule K-1, and/or Schedule SE	of asset(s) by providing Schedule C,
	An estimate of projected income through the current cale	endar 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 Work				
	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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		U	nemployment		
	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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