



# GRAND CANYON UNIVERSITY™

## 2018-2019 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 due to extenuating circumstances listed above, please provide a brief explanation below and submit the following documents that apply to your request:

- ☒ Submit 2016 IRS Tax Return Transcript or signed copy of the IRS tax return that was submitted to the IRS. (If filed separately, also need spouse's 2016 IRS Tax Return Transcript/signed IRS tax return.)
- ☐ 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 a letter from former employer(s) confirming last date of employment. If this is not possible, a signed and dated statement confirming last date of employment will be acceptable.
- ☐ Submit a copy of the Unemployment Maximum Benefits Statement pertaining to the specific loss or an Unemployment Denial Letter (if applicable).
- ☐ Provide evidence of failed business or farm, and/or loss of asset(s) by providing 2016 Schedule C, Schedule F, Schedule K-1, and/or Schedule SE
- ☐ Parents' 2016 Tax Return Transcript or signed copy of the IRS tax return. (Dependent student only.)

An estimate of projected income through the current calendar year (*next page*)

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

**Projected Income Worksheet:** Please complete this worksheet for all income projections through the current calendar year.

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

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.

<i><b>Income Earned from Work</b></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  
Social Security

Other Disability

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

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