

Special Conditions Appeal Reduction of Income

When circumstances change, and the FAFSA/WASFA does not accurately reflect your family and income situation, we may consider your unique circumstances and make changes to your FAFSA/WASFA, or adjustments to your Cost of Attendance. Making a request for a re-evaluation does not guarantee an increase in funding. Use this form to document your circumstances, and request an adjustment of your eligibility for aid.

Last Name	First Name	ctc Link #:
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Instructions

- ☒ Complete 24-25 FAFSA/WASFA and all other document needed to complete your file.
- ☒ Attach documentation that supports the circumstances of your appeal with your name and ctcLink # on each page.
- ☒ Complete, ink sign and submit this form.

Requested Adjustments

Please check the box that best describes your circumstance(s). Attach the documentation required as indicated. Make sure your name and ctcLink # is on each page of your documentation.

- ☐ **Voluntary Loss of Employment**
Proof of income earned in 2023 or 2024 (i.e. Year to Date Pay Stub, signed & dated 2023 or 2024 Tax Return, 2023 or 2024 W2s). We also allow voluntary loss of employment for programs that require you not work as a condition of admission to the program.
- ☐ **Loss of Employment**
State Unemployment Insurance documentation or Letter of Termination from your employer; proof of income earned in 2023 or 2024 (i.e. Year to Date Pay Stub)
- ☐ **Reduction in Wages**
Copy of student/parent contributor's most recent pay stub and a letter from employer indicating changed pay rate or reduction in hours.
- ☐ **Reduction in Untaxed Income or Benefits (i.e. child support)**
Letter from appropriate agency or authority detailing the type and amount of benefits received in 2023 or 2024 and the date the benefits ended.
- ☐ **One-Time Income**
Describe the nature of the one-time income included on your, or your contributors (parent or spouse) 2023 or 2024 tax return and/or reported on your FAFSA/WASFA. Also, tell us why this income should not go towards paying for the cost of college. Use the "Personal Statement" space provided below.

Personal Statement

Please provide a statement describing your financial circumstances and what caused a change in your resources. If you need more space, please continue on reverse side or attach a separate page.

Student Signature: (Ink Signature ONLY)	Date:
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2024 Projected Income

Please estimate your 2024 earnings and income, to the best of your ability, in the following

Contributor's Income Information (Required for dependent students only)	CALENDAR YEAR January 2024 – December 2024
Contributor 1 (Father, Mother, Stepparent) Gross Income from Work	\$
Contributor 2 (Father, Mother, Stepparent) Gross Income from Work	\$
Contributor(s) Other Taxable Income (ex: alimony received, business income, rental income, unemployment, capital gains, interest/dividends, etc.)	\$
Contributor(s) Other Non-Taxable Income (ex: child support, military benefits other than educational benefits, tax-deferred pensions, etc.)	\$
STUDENT'S INCOME INFORMATION	CALENDAR YEAR January 2024 – December 2024
Student's Gross Income from Work	\$
Spouse's Gross Income from Work	\$
Student and Spouse's Other Taxable Income (ex: alimony received, business income, rental income, unemployment, capital gains, interest/dividends, etc.)	\$
Student and Spouse's Other Non-Taxable Income (ex: child support, military benefits other than educational benefits, tax-deferred pensions, etc.)	\$

Signatures

By signing this form, I affirm that all information on this form and on any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide additional documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal and/or repayment of financial aid and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature: (Ink Signature ONLY)	Date:
Parent Contributor Signature: (Ink Signature ONLY)	Date:

Financial Aid Services | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: financialaid@shoreline.edu | Fax: (206) 533-6609

Shoreline Community College provides equal opportunity in education and employment and does not allow discrimination or harassment on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal, as required by Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 and 508 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. Prohibited gender based discrimination includes sexual harassment.