Office of Financial Aid, 1111 Eighth Street, San Francisco, CA 94107

P: 415.703.9528 F: 415.551.9261 Email: finaid@cca.edu

2023-2024 Student Financial Aid Petition

| Student's name (last, first, middle initial) | CCA ID Number |
|--|------------------|
| Statistics frame (last, first, finado finado) | OO/ (12 Mainbo) |
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| Mailing address (street) | E-mail address |
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| Mailing address (city, state, zip) | Telephone number |
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If you have special circumstances that you would like us to consider, you may submit a petition for additional financial assistance. Please read the instructions and provide documentation as requested based on your circumstances. You may file one petition for reevaluation per academic year. Once a decision has been made on your request, you may not re-submit another petition for the same request. Filing a petition or letter of special circumstance is not a guarantee that your request will be granted. Your circumstances must meet federal and institutional policy guidelines and there must be a resulting change in your financial aid eligibility in order for the Financial Aid Office to act on your petition. You will be notified via email of the outcome of your petition. Petitions without supporting documentation cannot be considered.

Petitions submitted by new students are acted upon on a first-come, first-served basis. Students should expect a response from the Financial Aid Office within 3 weeks of submitting a complete petition.

Petitions submitted by May 1, 2023 for continuing students will be responded to by June 15, 2023.

Please indicate the reason for your petition

☐ Significant change in income due to loss of employment or reduction of work

- Written explanation of change in circumstances
- Signed copies of your' 2021 federal income tax return, schedules, and W-2s (if not previously submitted)
- Documentation from previous employer indicating last day of employment, including any severance pay information
- Final paystub from previous employer
- 2023 Projected year income form on page 2 including year-to-date income and projections for the remainder of the year

Request a dependency status override because I do not meet the federal guidelines for independent student status

- Dependency Overrides are granted on a case-by-case basis for students with unusual circumstances
- Unusual circumstances may include an abusive family environment or abandonment by parents
- Unusual circumstances DO NOT include: parents refusing to contribute to the student's education; parents unwilling to provide information on the FAFSA
 or for verification; parents not claiming the student as a dependent for income tax purposes; student demonstrating total self-sufficiency
- Petitions must include <u>all</u> of the following: documentation of estrangement from your parent/guardian, documentation that you are financially self-supporting out of necessity rather than voluntarily, written explanation of special circumstances, and 3 letters of support from neutral third-parties (e.g. counselor, clergy, etc.) that are aware of and support your estrangement and self-sufficiency

Other Special Circumstances

- · Written explanation of special circumstances
- · Contact the financial aid office to determine what documentation to provide

CERTIFICATION & SIGNATURE

I certify that the information submitted with this petition to qualify for state, federal, and institutional financial assistance is true and complete to the best of my knowledge. I understand that if this petition is incomplete, my financial aid may be delayed. If asked by an authorized official of the Financial Aid Office, I agree to provide proof of the information that I have given on this form.

| Student's Signature | | Date | | |
|------------------------------------|------------|---|--|--|
| For Financial Aid Office Use Only: | | | | |
| Action taken: | □ approved | ☐ approved with conditions (see comments) | | |
| | □ denied | ☐ unable to take action (see comments) | | |
| Comments: | | | | |
| Authorized Signature: | | Date: | | |

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2023 Projected Year Income Form

You should complete this form if your income for 2023 will be significantly less than for 2021. The form asks about before-tax income and benefits you **received or expect to receive** for 2023. You should answer these questions as accurately as you can. If a question does not apply, or you do not expect to get any income or benefits from that source, **please indicate \$0 or N/A.**

| Taxable Income | Income Received in 2023 thru Current Date | Estimated income for the remainder of 2023 | Total Income (Current Income + Estimated) |
|---|---|--|---|
| EXAMPLE - Source of income | \$15,000 | \$5000 | \$20,000 |
| Gross income from employment - Student | \$ | \$ | \$ |
| Gross income from employment - Spouse (if applicable) | \$ | \$ | \$ |
| Severance payment | \$ | \$ | \$ |
| Unemployment compensation | \$ | \$ | \$ |
| Business or Rental income | \$ | \$ | \$ |
| Pensions or retirement benefits | \$ | \$ | \$ |
| Interest/Dividend Income | \$ | \$ | \$ |
| Other Taxable Income (please specify) | \$ | \$ | \$ |
| Non-Taxable Income | | | |
| | | | |
| Tax deferred pensions and savings plans-paid directly or withheld from earnings | \$ | \$ | \$ |
| IRA deductions, KEOGH and payments to self- employed SEP, SIMPLE | \$ | \$ | \$ |
| Untaxed portions of IRA Distributions (excluding rollovers) | \$ | \$ | \$ |
| Child Support Received | \$ | \$ | \$ |
| Disability or Worker's Compensation | \$ | \$ | \$ |
| Social Security Benefits | \$ | \$ | \$ |
| AFDC/TANF (Welfare) | \$ | \$ | \$ |
| Food Stamps | \$ | \$ | \$ |
| Other Non-Taxable Income (please specify) | \$ | \$ | \$ |

CERTIFICATION & SIGNATURE(S)

Student's Signature

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| I (We) certify that the information reported above, to qualify for state, federal, and institutional financial assistance, is true and complete to the |
| best of my (our) knowledge. I (We) understand that this form is being filed jointly by all signatories. If asked by an authorized official of the |
| Financial Aid Office, I (we) agree to give proof of the information that I (we) have given on this form. |
| |
| |

Date

Spouse's Signature (if applicable)

Date