



Student name _____

COCC ID number _____

This form is used to request a review of your financial aid eligibility as a result of changes in financial circumstances which occurred after you filed your 2021-22 FAFSA®. **If you are requesting an adjustment change in wages, or unemployment you must request an Employment Adjustment form.**

Please note:

- Allow up to 4 weeks for processing of this application. Completed forms must be received by June 30, 2022.
- Submission of this application does not ensure a change or increase in your award. You will be notified of the results.

Section 1 - Individual Requesting Change

I have attached a personal statement regarding special circumstances for the individual indicated below (please check one):

- Parent Special Condition** - Please attach a personal statement explaining parent special circumstances.
- Student Special Condition** - Please attach a personal statement explaining student special circumstances.

Section 2 - Verification Required

For COCC to correctly review this Special Conditions form, we must select your file for verification and will request the following information:

For dependent students

- Signed copy of parent and student 2019 Federal Tax Return Transcript.
- Copies of parent and student 2019 W2s if you were not required to file a tax return.
- Dependent Verification Worksheet.

For independent students

- Signed copy of student/spouse 2019 Federal Tax Return Transcript.
- Copies of student/spouse 2019 W2s if you were not required to file a tax return.
- Independent Verification Worksheet.

I have already submitted these documents.

Certification Statement

All of the information provided by me, or any other person, is true and complete to the best of my knowledge. If requested, I agree to provide documentation for any information I have submitted. I understand that purposely giving false or misleading information may subject me to fines, penalties, and/or termination of financial aid.

Student signature _____

Date _____

Parent signature (if dependent) _____

Date _____

Financial Aid Office
 541.383.7260 • fax: 541.383.7506
 2600 NW College Way, Bend, Oregon 97703
 www.cocc.edu/financial-aid • e-mail: coccfinaid@cocc.edu

<i>Office use only</i>	
<input type="radio"/> Approved	<input type="radio"/> Denied
Initial _____	Date _____

SECTION 3 - Type of Condition

Please check the circumstance which applies and provide the additional information that is requested for each situation. The requested documentation must be attached to this form when returned to the Financial Aid Office.

SPECIAL CONDITION	PARENT	STUDENT	DOCUMENTATION
<input type="checkbox"/> Parent attending college 2021-22	A parent attending at least half-time.		Documentation of enrollment.
<input type="checkbox"/> Loss or reduction of child support or benefits	A parent who received income or benefits in 2020 had this income/benefit change during 2021 (e.g. child support or disability, etc.)	You (or your spouse) received income or benefits in 2020, but had this income/benefit change during 2021 (e.g. child support, disability, etc.)	On a separate sheet of paper, specify: 1. Type of income or benefit 2. Amount received during 2021 3. Reasons for change
<input type="checkbox"/> Separation or divorce	Parents have separated or divorced after you applied for federal student aid.	You and your spouse have separated or divorced after you applied for federal student aid.	1. Date of separation or divorce. _____/_____/_____ 2. Attach copy of legal separation agreement or dissolution decree or letter from a professional or agency documenting legal proceedings have begun relative to the separation/divorce.
<input type="checkbox"/> Marriage	Parent married after filing your 2021-22 FAFSA®. Form and documentation may be submitted for household size and income evaluation only.	Dependent student requesting a marital status change after filing your 2021-22 FAFSA®. Form and documentation must be submitted no later than September 10, 2021.	Must submit copy of marriage certificate.
<input type="checkbox"/> Death	A parent has died after you applied for federal student aid.	Your spouse has died after you applied for federal student aid.	1. Name of deceased and relationship to student. _____ 2. Attach copy of death certificate, obituary notice or printed memorial program.
<input type="checkbox"/> Unusual expenses	A parent incurred unusual expenses during 2020 and/or 2021 that has created financial hardship (e.g. medical, dental, legal, elementary/secondary school tuition, dependent care, etc.)	Student/spouse incurred unusual expenses during 2020 and/or 2021 that has created financial hardship (e.g. medical, dental, legal, elementary/secondary school tuition, dependent care, etc.)	On separate sheet of paper, specify: 1. Description of expenses paid 2. Total amount of expenses paid 3. Explanation of hardship IMPORTANT: Documents supporting this expense must accompany this form.
<input type="checkbox"/> Other	A parent has a situation you would like to have reviewed by a Financial Aid Administrator. Please explain the situation on a separate page.	You have a situation you would like to have reviewed by a Financial Aid Administrator. Please explain the situation on a separate page.	Please be as specific as possible in describing any change(s) in financial circumstances, explain how it has affected the ability of you and/or your parents to contribute to your education, and attach any relevant documentation.