

FOOTHILL COLLEGE  
FINANCIAL AID OFFICE  
2025-2026 SPECIAL CIRCUMSTANCES:  
SAI Appeal (PJ)

Student Name: \_\_\_\_\_ CWID#: \_\_\_\_\_  
Last First

Preferred Name (if different than above) \_\_\_\_\_  
Last First

**BEFORE YOU BEGIN:**  
Please note: If you have not completed a FAFSA or CA Dream Act Application (CADAA) for 2025-2026 and any other forms and requested documentation, this form will *not* be reviewed. Forms must be submitted together. Due to this review process, some additional documents *may* be requested. Incomplete documents will cause delays.

**BE AWARE:** As part of this process, if you were selected for verification of FAFSA or CADAA information, the verification requirements must be completed first. This means if you have not already submitted them, you will need to submit a copy of your and/or (if a dependent student) your parents’ 2023 tax return with W-2s, and a verification worksheet if the IRS Data Retrieval Tool (DRT) was not used.

For the 2025-2026 academic year, you have a choice of one of the following: 1. Completing the estimates on page 2 of this form for the 2024 year **OR** 2. Turning in signed copies of your and/or (if a dependent student) your parents’ 2023 federal tax return(s) with W-2s and a 1040X if an amended return was filed.

**STUDENT STATEMENT**  
Please write a statement regarding the special circumstances. It should explain how your and/or (if a dependent student) your parents resources are different from those reported on the 2023 Federal Tax Return due to disability, loss or reduction of employment, death, high medical expenses, etc. Include a summary of resources available to you, other than student financial aid, such as unemployment, social security, disability, TANF/Cal Works, and general assistance. Please provide documentation to support your statements below.

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FINANCIAL AID OFFICE USE ONLY								
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Prior PJ	Current SAI _____				
Data element								
Actual value								
Change to								
Financial Aid Director				Date				

# 2025-2026 SPECIAL CIRCUMSTANCES (PJ)

**Student Name:** \_\_\_\_\_ **CWID#:** \_\_\_\_\_

**Instructions:** Calculate income according to the monthly time periods requested and provide a \$ amount figure for every period. If there was no income source for a period, write down zero (\$0). **Do not leave blank spaces.**

If you are married, you must also provide the requested information for your spouse. For any period that has already passed, provide the **actual** income received. To calculate **estimated** income from work or other resources, consider factors such as hourly pay rate and the number of work hours expected or estimates of the weekly or monthly compensation expected to be receive. Also include any severance, vacation, or sick leave that was paid out during the year.

**Note:** Please submit documentation verifying the actual and/or estimated 2023 information listed below.

## 1. Your actual or expected gross income and benefits from employment are:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Jan-March 2024 April-June 2024 July- Sept 2024 Oct-Dec 2024 Total

## 2. Your spouse's/parent'(s) actual or expected gross income and benefits from employment are:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Jan-March 2024 April-June 2024 July- Sept 2024 Oct-Dec 2024 Total

## 3. Your and/or your spouse's and/or parent'(s) actual or expected untaxed/other income not reported above:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Jan-March 2024 April-June 2024 July- Sept 2024 Oct-Dec 2024 Total

**Check all appropriate boxes.**

<input type="checkbox"/> Interest/Div. Income	<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> IRA/Keogh Distribution	<input type="checkbox"/> Vet. Non-Education Benefits
<input type="checkbox"/> Child Support	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Untaxed Pension Payments	<input type="checkbox"/> Spousal/Parental/Relative Sup.
<input type="checkbox"/> SSI	<input type="checkbox"/> TANF/Cal Works	<input type="checkbox"/> Foreign Income Exclusion	<input type="checkbox"/> Other Income _____
<input type="checkbox"/> No Other Sources of Income			

Explain how you were able to, or intend to, cover your expenses with your reduced financial strength:

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**Student Statement:** I understand that: **A)** I am only allowed to file this request **once per academic year**. **B)** I must promptly report to the Foothill College Financial Aid Office any change in my and/or spouse's/parent'(s) reported income. **C)** A failure to report changes or falsely reported information on this form may result in repayment of aid received, denial of future financial aid, and/or other academic and federal disciplinary steps.

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

\_\_\_\_\_  
 Spouse/Parent Signature Date

\_\_\_\_\_  
 Spouse/Parent's Name Printed