



2023-2024

# Petition for Special Circumstance

3028 Lindbergh Ave. Bellingham, WA 98225 • (360)752-8351 • fax 360)752-7151 • FinAid@btc.edu

You may request a change to your financial aid eligibility based on a reduction in income or other circumstance that occurred after the 2021 tax year. In general, approval is reserved for students and their families who have experienced involuntary reductions of income. Income for the time frames listed in Part 4 may be considered. If using projected income, wait to submit this form until your income is stable enough to make a reliable projection. Attach all required documentation to this form. Petitions submitted without documentation will not be processed. Upon approval of your request, you will be notified by email and your FASFA will be updated on your behalf. One Petition for Special Circumstance will be considered per academic year. Incomplete petitions may be rejected or require additional processing time.

## Part 1: Student Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
cteLink ID

\_\_\_\_\_  
Previous Last Name (s)

\_\_\_\_\_  
Email Required (Email is the default communication method)

## Part 2: Whose circumstances have changed?

I am reporting a change of income or other circumstances for the person indicated below:

Myself (student)

Parent 1 (father/mother/step-parent)

Spouse

Parent 2 (father/mother/step-parent)

## Part 3: Which special circumstance applies to the person indicated above?

Unemployment, reduced employment, or job change

Alimony ended or was reduced

Disability (Date of disability: \_\_\_\_\_)

Separation or divorce

Social Security benefits ended or were reduced

Retirement

Unemployment benefits ended or were reduced

Death of a spouse / Death of parent(s)

Received one-time only income (ie: IRA or pension)

Other (\_\_\_\_\_)

Child Support ended or was reduced

## Part 4: Time frame for evaluating income:

I am requesting that my financial aid be based on my income for the 12-month period of time selected below.  
Select only one option:

Calendar Year 2023: (Jan. 1 - Dec. 31, 2023)

Calendar Year 2024: (Jan. 1 - Dec. 31, 2024) accepted for students beginning enrollment in Winter or Spring quarters.

Academic Year: (July 1, 2023 – June 30, 2024)

**EBH043**

Office Use Only

**Part 5: Required documentation**

**1. Letter of explanation**

In your words, explain in detail the reason(s) for the reduction in income. Provide specifics including names, dates and dollar amounts whenever possible.

**2. Supporting documentation**

Submit documentation to verify the special circumstances. Examples include, but are not limited to: most recent paystubs, unemployment benefit statement, termination or layoff notice, letter from employer citing reduction of work hours, legal separation agreement, divorce decree, physician’s disability statement, death certificate.

**Part 6: Income information for the person specified in Part 2**

Indicate the annual **gross** amounts received for the timeframe specified in Part 4. Do not leave any space blank.

Type of income or benefit	Annual Amount
Income earned from work (gross wages, tips, etc.) <i>Include actual income + estimated income, if applicable</i>	\$
Unemployment benefits	\$
Other Taxable Income <i>Interest, dividends, alimony, capital gains, rental income, taxable Social Security, etc.</i>	\$
Child Support Received	\$
Other Non-Taxable Income <i>Workers compensation, disability, pensions, cash received or money paid on your behalf, etc.</i>	\$
Severance Pay	\$

**Signature Certification Required: Please keep a copy of this document for your records**

By submitting this form, I agree that the information provided is complete and correct. I understand that by purposefully providing false or misleading information in connection with my application for federal financial aid may result in penalties. I understand that it may take up to 4-6 weeks for processing and that petitions missing required documentation will not be processed.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Parent Signature (if applicable)

\_\_\_\_\_  
Date