# 2016-2017 Special Circumstances Application - Student

**Office of Financial Aid and Veteran Services**
**7101 University Ave, Texarkana, TX, Telephone: 903.334.6601 Fax: 903.223.3140**
**FinAid@tamut.edu**

Office Use Only
SPECSO

**STUDENT'S NAME: _____CWID: _____**

**Please Note:** Prior to the review of this form and attached documents, you must file a 2016-2017 Free Application for Federal Student Aid (FAFSA). Documentation, such as letters from employers, doctors, unemployment office, pay stubs, etc., which supports the basis of your family's appeal must be submitted. **DO NOT LEAVE ANY BLANKS. PLEASE ENTER ZERO IF THE AMOUNT IS ZERO. If you do not submit documentation or leave sections of this form blank, the form will be returned as incomplete.**

You have notified the Office of Financial Aid & Veteran Services that you and/or your parent(s) have special circumstances which have resulted in the reduction in resources for the 2016 calendar year. This reduction will affect your ability to contribute towards educational expenses.

The Office of Financial Aid & Veteran Services will only consider reductions in income for the circumstances listed in Section I of this form. It is our policy **not** to consider a reduction in income for the following:

- Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage or school loan payments, car payments, legal expenses, and other miscellaneous consumer item expenses).
- Families with reductions processed in the 2016-2017 academic year whose 2015 income was grossly underestimated.
- One year bonus incomes, such as lottery or gambling winnings.
- Reductions in overtime pay (this will be reflected on the following year's financial aid applications).
- Reductions in income resulting from bankruptcy proceedings.
- Medical and dental expenses that are not documented on your 2015 Federal Income Tax Return Transcript(s).

If the reason you are requesting a review is listed above, do not complete this form. If you are not certain whether or not your situation can be considered, please contact our office.

Required documentation for **all** requests:

- Detailed narrative of the reason(s) for your request
- Signed and dated copy of the student's (and spouse's) 2015 Federal Income Tax Return Transcript with all W2s/1099s
- Students who are required to provide parent information on the FAFSA must also submit a signed and dated copy of parent(s) 2015 Federal Income Tax Return Transcript with all W2s/1099s
- If the parent(s) and/or student did not complete and will not complete a 2015 Federal Income Tax Return Transcript, please write and sign a statement explaining the reason(s) you are not able to provide the documentation.

**SECTION I:** DO YOU MEET ANY OF THESE CRITERIA?

To determine if any adjustments can be made to your financial aid file, please complete the appropriate sections below and return this form with the applicable documentation.

A. ____ Since you completed the 2016-2017 FAFSA, you, or your spouse, have lost income/employment because of termination, layoff, disability, retirement, company closing, or plan shutdown.

Last date of employment ____/_____/_____ Date expected to return to work____/_____/_____

**Additional Documentation Required:**

- Letter from previous employer(s) stating last date of employment and year-to-date earnings. If the last date of employment was in 2015, year-to-date earnings are not required. The last date of employment must be 90 days or more prior to the date this form is submitted. The letter should state a reason for termination beyond the employee's control.
- Letter from current employer with employment start date, yearly salary, and year-to-date earnings.
- Most recent copy of your year-to-date benefits statement for unemployment/disability
- A copy of your spouse's most recent pay stub(s) with year-to-date earnings clearly shown. If year-to-date earnings are not shown, submit a letter from his/her employer(s).
- Documentation of unemployment benefits eligibility letter/statement.

B. ____ Since you completed the 2016-2017 FAFSA, you, or your spouse, have lost some type of untaxed income or benefit(s). Untaxed income includes: worker's compensation, child-support, pensions and annuities, or social security benefits.

Name of person losing benefit _____

Relationship to student _____

Type of benefit _____ Date lost _____/_____/_____

**Additional Documentation Required:**

- Documentation supporting termination of benefit(s).
- List the amount of child support each child received in 2015 in Section III.

C. ____ Since you completed the 2016-2017 FAFSA; you have divorced or separated from your spouse.

Date of divorce/separation _____/_____/_____

**Additional Documentation Required:**

- If divorced, provide a statement reflecting the date of filing or completion of divorce proceedings.
  If separated, provide a statement indicating the date of separation or a letter from your attorney. If documentation from an attorney is not available, **provide three documents** to support your current separation status from any of the following: relatives, clergy, or friends. These letters must be dated and include the individual's relationship to you.

D. ____ A spouse is now deceased, but his/her information was reported on the 2016-2017 FAFSA.

Date deceased _____/_____/_____

**Additional Documentation Required:**

- A copy of the death certificate or a dated published obituary notice.

E. ____ You/your spouse have incurred excessive medical/dental expenses in 2015 due to the illness of a family member. *These expenses must be documented on your 2015 Federal Income Tax Return Transcript, Schedule A*.

**Additional Documentation Required:**

- A copy of Schedule A from your 2015 tax returns.

F. ____ Since completing the 2016-2017 FAFSA, you are expecting the birth of a child or an additional dependent to your household not included in the original FAFSA information. ***NOTE – The child must be receiving at least 50% support from you in order to be included as your dependent. Support includes rent, food, utilities, clothing, etc. If your income level does not show that you can support the child, additional information may be required, or the child may not be included as a dependent of your household.***

**Additional Documentation Required:**

- A copy of the birth certificate or a signed and dated letter from the attending physician giving current status and expected date of birth; or a detailed statement explaining the additional dependent, if not the birth of a child.

G. ____ A parent will be attending a college or university during the 2016-2017 academic year. *NOTE – The FAFSA does not allow the student to count a parent as attending college in the initial processing of the FAFSA. In order to be considered for review, the parent must meet the following criteria: 1) be enrolled at a college or university that is eligible to provide Title IV federal financial assistance to its students, 2) be enrolled as a half-time student at the official census date for the college or university, 3) be seeking a degree or certificate, and 4) be experiencing financial hardship due to educational expenses.*

**Additional Documentation Required:**

- Your detailed narrative must address the financial hardship placed on your family's financial resources due to the parent being enrolled in college.
- You must also have the college or university the parent is attending on the last page of this Special Circumstances Application, Section V, on or after that school's official census date.

H. ____ Other: Your family circumstances are not reflected in the previous options. Please attach a **detailed** statement regarding your circumstances and provide supporting documentation.

## SECTION II

**HOUSEHOLD INFORMATION**

Please list the names of ALL family members who will be supported from July 1, 2016 to June 30, 2017 (including parents for dependent students); also write the name of the college for any household member, excluding parent(s), who will be attending college during this period of time.

| Full Name<br>Include parent(s), sibling(s), etc. | Age | Relationship to Student | College/University Attending<br>Do not include parent(s) in this section |
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## SECTION III

Please provide anticipated income for the entire 2016 calendar year. Do not list hourly wage but instead compute what will be earned for the year. **Do not leave any blocks blank. Please enter zero if amount is zero.**

**INCOME FOR JANUARY 1, 2016 TO DECEMBER 31, 2016**

**Student Information**

| **Taxable Income** | **Actual Year to Date** | **Estimated** (today to 12/31/16) | **Total** (Actual + Estimated columns) |
|---|---|---|---|
| Student's income from work | | | |
| Spouse's income for work | | | |
| Taxable interest income | | | |
| Taxable pensions/annuities | | | |
| Unemployment Compensation | | | |
| Taxable portions of Social Security | | | |
| Alimony/Spousal Support | | | |
| Other_____ | | | |
| **TOTAL** | | | |
| Untaxed Income | | | |
| Housing, food, other allowances | | | |
| Veterans non-educational benefits | | | |
| Untaxed pensions/annuities/IRA distributions | | | |
| Worker's compensation/disability | | | |
| Child support received | | | |
| IRA/KEOGH contributions | | | |
| Tax exempt interest income | | | |
| Other_____ | | | |
| **TOTAL** | | | |
| Education Credits (Hope and Lifetime Learning Tax Credits) | | | |
| Child Support Paid | | | |
| Taxable Earnings from Federal Work-Study or other need-based work programs | | | |
| Earnings from work under Cooperative Education Program offered by a college | | | |
| Scholarships and Grants reported on 2015 Federal Income Tax Return Transcript | | | |
| Taxable Combat Pay or Special Combat Pay | | | |
| **TOTAL** | | | |

**Please review to ensure you have included all REQUIRED documents and information is complete.**

Student Signature_____ Date _____