



2017-2018 Special Circumstances Application - Parent

Office of Financial Aid and Veteran Services

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Office Use Only
SPECP

STUDENT'S NAME: _____ CWID: _____

Please Note: Prior to the review of this form and attached documents, you must file a 2017-2018 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 2017-2018 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 parent's 2015 Federal Income Tax Return Transcript with all W2s/1099s
- Signed and dated copy of the student'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. The questions are applicable to the parent's status only.

A. ___ Since you completed the 2017-2018 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 documentation is submitted. The letter should include a statement that makes clear employment termination was due to a reason 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 2017-2018 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 2017-2018 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 2017-2018 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 return.

SECTION III

Please provide anticipated income for the entire 2017 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 the amount is zero.**

INCOME FOR JANUARY 1, 2017 TO DECEMBER 31, 2018

Parental Information for Dependent Student

Taxable Income	2016 Taxes	Actual Year to Date	Estimated (today to 12/31/17)	Total (Actual + Estimated columns)
Father's income from work				
Mother'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 2016 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.

Parent Signature _____ Date _____

Student Signature _____ Date _____