



2018-2019 Special Circumstances Request
 Office of Financial Aid and Scholarships
 P.O. Box 3011 Commerce, Texas Phone: 903.886.5096 Fax: 903.886.5098
FAO.SpecialCircumstances@tamuc.edu

Office Use Only
SPCIRC

STUDENT'S NAME _____

CWID _____

This form can be used to request a recalculation of a student's 2018-2019 financial aid eligibility when the student or family has experienced a change in financial circumstances that may lower the student and/or student's family resource on the Free Application for Federal Student Aid (FAFSA). This form will not be processed until the student's financial aid file is complete and a 2018-2019 financial aid award has been processed and census date for term has passed. Student/Families with a zero Expected Family Contribution (EFC) - do not need to submit this form as the EFC cannot be reduced any further.

****Please Note: Depending on the time frame that the financial change was incurred, Tax information and W2's, if not already on file, and any other documents that are needed to finalize the special circumstance may be requested after initial review.***

SECTION A: REASON FOR SPECIAL CIRCUMSTANCE

Please check the reason(s) for the request and provide all required documentation for each reason.

Reason for Request	Required Documentation to be submitted with letter explaining circumstances
Unemployment/Reduction in Earnings/Retirement Only income reductions of a significant amount may affect the aid offer. Significant reductions are typically 25% or more of total income with a duration minimum of 8 weeks.	Detailed letter should include: <ol style="list-style-type: none"> Name of person(s) with earning impact and relationship to student Current and/or prior employer's name address and phone number Date income was reduced Attach copy of last paystub Copy of termination notice from employer, resignation letter, or retirement documentation. Copy of unemployment benefits statement, or explanation why there is no receipt of unemployment benefits.
Divorce or Separation	Detailed letter should include: <ol style="list-style-type: none"> Current household members and relationships with ages Assets Any settlements, including alimony and child support Date of separation or divorce Copy of divorce decree. If separated include a notarized statement indicating separation date.
Death of Parent/Spouse	Detailed letter should include: <ol style="list-style-type: none"> The name and date of the parent/spouses death. Expected survivor benefits, including life insurance Attach copy of parent/spouse death certificate and any documentation regarding survivor's benefits.
Loss of Child Support	Detailed letter should include: <ol style="list-style-type: none"> Name of Parent experiencing the loss or reduction in child support. Name and age of child being for whom the loss is for. Explanation of the loss the amount and the impact of the loss or reduction. Court documentation of the loss and date of last payment.
Loss of One Time Income A loss of one-time income is income that will not be repeated the following calendar year and can no longer be accessed.	Detailed letter should include: <ol style="list-style-type: none"> Type of income received How the income was spent Why it cannot be used to for educational expenses Attach supporting documentation to support the loss of the one-time income (bank statements, paid receipts, etc.
Significant Medical/Dental Expenses Unusual medical and/or dental expenses incurred that are not covered by insurance or reported on Schedule A of a 2016 or 2017 Tax Return and are in excess of 7.5% of the Adjusted Gross Income.	Detailed letter should include: <ol style="list-style-type: none"> Type of expense costs and financial impact For whom the expense was incurred When the expenses were incurred Attach final Explanation of Benefits from the insurance provider OR, if the student and/or spouse and/or parent do not have insurance provide copies of billing statement showing medical/dental expenses paid.

STUDENT'S NAME

CWID

SECTION B: ACTUAL AND ANITICPATED ANNUAL INCOME

For each income type, indicate the amount you received or plan to receive for the entire calendar year in which the special circumstance occurred.

Income Type	Student 2017	Student 2018	Spouse or Parent 2017	Spouse or Parent 2018
Gross income from work	\$	\$	\$	\$
Unemployment or severance pay	\$	\$	\$	\$
Net amount received from withdrawal from pensions or annuities	\$	\$	\$	\$
Taxable Social Security benefits	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Other taxable income	\$	\$	\$	\$

Certification Statement and Signatures:

You, the student, and/or the parent(s) of, and/or the student's spouse, if applicable, by signing this form certify:

1. All of the information provided is true and complete to the best of your knowledge
2. All federal and/or state financial aid received as a result of the information on this form will be used solely for purposes to pay the cost of attending A&M-Commerce
3. Will notify the Office of Financial Aid & Scholarships if changes occur to the information provided
4. Agree to provide information requested by the Office of Financial Aid & Scholarships to verify the accuracy of this completed form and/or clear conflicting information on file.
5. Acknowledge that the Office of Financial Aid & Scholarships has the authority to verify information requested and such information may include IRS Tax Return Transcript(s) and/or any other documents from other entities/agencies that can collaborate on the accuracy of the information provided
6. All parties who sign this form certify you are aware that purposely giving false or misleading information can result in a fine of up to \$20,000, sent to prison, or both.

Student's Signature

Date

Parent's Signature (if student is Dependent Student)

Date