



2020-2021 Spring Special Circumstances Application for Dependent Undergraduates

Student Name: _____ TCU ID: _____

Parent's Name (if dependent): _____ Phone Number: _____

Parent's Address: _____ City: _____ State: _____ Zip: _____

Have you filed a Special Circumstance with our office in a previous aid year? Yes No

This form will not be processed until TCU receives the results of your Free Application for Federal Student Aid (FAFSA) and any required documentation. Failure to provide all requested documentation will result in a delay in processing and/or denial of this request.

The TCU Office of Scholarships and Student Financial Aid will not consider the following situations a special circumstance:

- Fluctuations in income from self – employment or sales related positions
- Voluntary Retirement
- S-Corporations
- Unemployment less than 3 months
- Private primary/secondary education costs
- Recurring situations that remain unchanged from the previous year

Important Information:

- **Please note your file may be selected for verification. Verification must be completed before this application can be processed.**
- **Please attach documentation of your situation, including layoff letter or salary reduction letter from employer if applicable.**
- **Please note, general processing time for the Special Circumstance Application takes 4-6 weeks. Failure to submit documentation will result in delayed processing.**

Please check one of the following:

A. Loss of income from work: at least 12 consecutive weeks.

Period of unemployment from ____/____/____ to ____/____/____.

_____**Layoff:** Provide letter from employer or unemployment commission stating effective date.

Provide severance information, if applicable.

_____**Termination:** Provide letter from employer or unemployment commission stating effective date. Provide severance information, if applicable.

_____**Disability:** Date of disability ____/____/____. Attach documentation of disability.

_____**One Time Income:** (i.e. inheritance, moving expense, back year's social security payments, lump sum retirement or IRA distribution. You must attach a separate sheet identifying source of income and how funds were spent or invested.)

- B. Loss of untaxed income:** at least 12 consecutive weeks.
 Child Support: Provide court document stating termination of benefits.
 Worker's Compensation: Provide a letter from Bureau of Worker's Compensation stating termination date of benefits.
- C. Divorce:** After filing the FAFSA, you and your spouse have separated or divorced.
Date of divorce or separation: ____/____/____
If divorced, attach a copy of divorce decree, 2018 tax return and W-2 form(s).
If separated, attach a copy of 2018 W-2 forms, 2018 tax return, and proof of current address of the parent who moved out of the house.
- D. Death:** After applying for financial aid, your spouse has died.
Date of death: ____/____/____
Attach a copy of the death certificate, 2018 W-2 forms, 2018 Tax Return, and proof of any insurance settlements.
- E. Other unusual circumstances:** Provide complete information regarding other unusual expenses.
Attach appropriate documentation.

Please further explain the reason for your request.

Please provide a copy of the most recent check stub with gross year to date (YTD) income and for each income listed. The best possible estimates for the period of January 1, 2022 – May 31, 2022. Sources of other taxable and untaxable income must be listed. Additional documentation may be requested.

Expected Income for 2021	Actual 01/01/2020 – 12/31/2020	Actual 01/01/2021 to today ___/___.	Estimated today to 05/31/2021	Total Actual income plus estimated income
Expected gross income earned from work by father/step father.				
Expected gross income earned from work by mother/step mother.				
Expected income earned from work by student.				
Other taxable income (interest, pensions, severance, unemployment compensation, etc.) Source:				
Other untaxed income (child support, worker’s compensation, cash received, etc.) Source:				
TOTAL INCOME FOR 2021				

Certification

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked, the special circumstance will no longer be considered. I also authorize the examination of any documents, including medical records, which may be submitted as a part of this Special Circumstance application.

Electronic signatures are not accepted.

Student signature

Date

Parent or Spouse signature

Date