

2021-2022 Special Circumstances Application for Independent Undergraduates and Graduates

Studen	t Name:		TCU ID:	
Email	Address:		Phone Number:	
Addres	ss:	City:	State:	_ Zip:
Have y	you filed a Special Circumstance	with our office in a 1	previous aid year?	Yes No
Studen	orm will not be processed until TC t Aid (FAFSA) and any requi- entation will result in a delay in p	ired documentation	. Failure to provi	
	CU Office of Scholarships and ons a special circumstance: Fluctuations in income from self Voluntary Retirement S-Corporations Unemployment less than 3 mont Private primary/secondary educate Recurring situations that remain	f – employment or sa ths ation costs	ales related positions	
Impor - - -	tant Information: Please note your file may be selectore this application can be please attach documentation reduction letter from employer Please note, general processing 4-6 weeks. Failure to submit described the selectory of	processed. of your situation r if applicable. g time for the Spec	, including layoff	letter or salary
Please	check one of the following:			
Α.	Loss of income from work: at 1 Period of unemployment fromLayoff: Provide letter effective date. Provide severanceTermination: Provide stating effective date. Provide seDisability: Date of disabilityOne Time Income: (security payments, lump sum ret sheet identifying source of income	r from employer or information, if application telescent from employer or verance information, bility / / i.e. inheritance, more irement or IRA district.	r unemployment co able. yer or unemployme if applicable. Attach do oving expense, backribution. You must a	ent commission ocumentation of k year's social ttach a separate

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, 2019 tax return and W-2 form(s). If separated, attach a copy of 2019 W-2 forms, 2019 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, 2019 W-2 forms, 2019 Tax Return, and proof of any insurance settlements.
Е.	Undergraduate or Graduate student quitting full-time employment to attend TCU full-time: Please provide most recent paycheck stub(s) indicating gross earnings year-to-date for you and your spouse and resignation letter to your employer or letter from employer indicating your last date of employment.
F.	Other unusual circumstances: Provide complete information regarding other unusual expenses. Attach appropriate documentation.
Pleas	se 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, 2021 – December 31, 2021. Sources of other taxable and untaxable income <u>must</u> be listed. Additional documentation may be requested.

Expected Income for 2021	Actual 01/01/2021 to today/	Estimated today to 12/31/2021	Total Actual income plus
			estimated income
Expected gross income earned from work by student in 2021			
Expected gross income earned from work by spouse in 2021			
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 not accepted.				
Student signature	Date			
Spouse signature (if applicable)	Date			