

2022-2023 Special Circumstances Application for Independent Undergraduates and Graduates

Email Address:		D1 N 1		
		Phone Number:		
Address:	City:	State:	Zip:	
Have you filed a Special Circumstanc	e with our office in a	previous aid year?	Yes No	
This form will not be processed until T Student Aid (FAFSA) and any req documentation will result in a delay in	quired documentatio	n. Failure to prov	vide all requested	
The TCU Office of Scholarships an	d Student Financia	al Aid will not consi	ider the following	
situations a special circumstance:	10 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
• Fluctuations in income from so	elf – employment or	sales related position	ıs	
 Voluntary Retirement 				
• S–Corporations				
• Unemployment less than 3 mo				
 Private primary/secondary edu 				
Recurring situations that remains	in unchanged from the	ne previous year		
 Please note your file may be a before this application can b Please attach documentation reduction letter from employ Please note, general procession 4-6 weeks. Failure to submit 	e processed. on of your situatio yer if applicable. ing time for the Spe	n, including layoff	f letter or salary Application takes	
Please check one of the following:				
A. Loss of income from work: a Period of unemployment from Layoff: Provide let effective date. Provide severand stating effective date. Provide Disability: Date of dis disability. One Time Income: security payments, lump sum r sheet identifying source of income.	ter from employer to information, if applied letter from employer severance information sability / / (i.e. inheritance, metricement or IRA dis	o / / / or unemployment c cable. oyer or unemploym , if applicable Attach of noving expense, backtribution. You must	ent commission documentation of ck year's social attach a separate	

В.	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, 2020 tax return and W-2 form(s). If separated, attach a copy of 2020 W-2 forms, 2020 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, 2020 W-2 forms, 2020 Tax Return, and proof of any insurance settlements.
E.	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	e 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 – December 31, 2022. Sources of other taxable and untaxable income <u>must</u> be listed. Additional documentation may be requested.

Expected Income for 2022	Actual 01/01/2022	Estimated today to	Total
	to today/	12/31/2022	Actual income plus
			estimated income
Expected gross income earned from			
work by student in 2022			
Expected gross income earned from			
work by spouse in 2022			
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 2022			

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	