



Student's Name \_\_\_\_\_

TCU ID # \_\_\_\_\_

- 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, 2017 tax return and W-2 form(s). If separated, attach a copy of 2017 W-2 forms, 2017 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, 2017 W-2 forms, 2017 Tax Return, and proof of any insurance settlements.
- E. Other unusual circumstances:** Provide complete information regarding other unusual expenses. Attach appropriate documentation.

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, 2019 – December 31, 2019. Sources of other taxable and untaxed income must be listed. Additional documentation may be requested.

<b>Expected Income for 2019</b>	Actual 01/01/2019 to today ____/____.	Estimated today to 12/31/2019	<b>Total</b> Actual income plus estimated income
Expected <b>gross</b> income earned from work by father/step father in 2019			
Expected <b>gross</b> income earned from work by mother/step mother in 2019			
Expected income earned from work by student in 2019			
Other taxable income (interest, pensions, severance, unemployment compensation, etc.) <b>Source:</b>			
Other untaxed income (child support, worker's compensation, cash received, etc.) <b>Source:</b>			
<b>TOTAL INCOME FOR 2019</b>			

**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, I may not receive financial assistance. I also authorize the examination of any documents, including medical records, which may be submitted as a part of this Special Circumstance application.*

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Spouse Signature

\_\_\_\_\_  
Date

Please upload through your TCU Financial Aid portal.