

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. 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.

Please provide a copy of the most recent check stub with gross year to date (YTD) income and the best possible estimates for the period of January 1, 2019 – December 31, 2019 for each income listed. Sources of other taxable and untaxed income must be listed. Additional documentation may be requested.

Expected Income for 2019	Actual 01/01/2019 to today ____/____.	Estimated today to 12/31/2019	Total Actual Income plus estimated Income
Expected gross income earned from work by student in 2019			
Expected gross income earned from work by spouse in 2019			
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 2019			

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

Spouse Signature

Date

Please upload through your TCU Financial Aid portal.