2016-2017 SPECIAL CIRCUMSTANCE FORM

This application may be completed if your family’s financial situation has significantly changed from the previous calendar year (information that was reported on your FAFSA) to the current calendar year.

Congress has provided financial aid administrators at colleges and universities the authority to make adjustments to the information provided on the FAFSA when special circumstances exist. Such circumstances include the loss of employment or reduced income; separation or divorce; the death of a parent/spouse; extraordinary medical expenses; or the inflation of the income reported on the FAFSA by a one-time financial event. Results of a special circumstance may vary from school to school as these are based on a professional judgment of a financial aid administrator.

Once your FAFSA has been processed, our office can review your request for a Special Circumstance. If you have not already filed a FAFSA, please complete the online application as soon as possible at www.fafsa.ed.gov.

Texas Tech University financial aid administrators welcome the opportunity to review your special situation. When applicable, we will make adjustments to your financial aid application to possibly increase eligibility.

All applications must include the following:

1. All 2015 W-2s for both parent and student
2. 2015 Tax Return Transcript, www.irs.gov for both parent and student, even if the Data Retrieval Tool was used to complete the FAFSA (1040 TAX RETURNS CANNOT BE ACCEPTED)
3. Letter explaining the circumstances that you want considered
4. Additional documents relative to your particular circumstance
2016-2017 SPECIAL CIRCUMSTANCE FORM

Student Name: ____________________________  TTU R#: ____________________________

Student Email: ____________________________  Phone #: ____________________________

Parent(s) Email: ____________________________  Phone #: ____________________________

All Special Circumstance requests must include the following in addition to the information relative to your particular circumstance. Please indicate by checking the special circumstance(s) that apply to you.

*Do not submit originals as documents will not be returned.*

1. All 2015 W-2s for both parent and student
2. Letter from parent/student explaining circumstances

<table>
<thead>
<tr>
<th>Category</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation / Divorce</td>
<td>Name of Parent of Record on FAFSA (whose information will remain on FAFSA):</td>
</tr>
<tr>
<td></td>
<td>☐ Has the Parent of Record Remarried? ☐ YES ☐ NO</td>
</tr>
<tr>
<td></td>
<td>☐ Court Documentation verifying legal separation or divorce</td>
</tr>
<tr>
<td></td>
<td>☐ Anticipated income for 2016 (Copy of most recent paycheck for parent of record)</td>
</tr>
<tr>
<td></td>
<td>☐ Proof of residence for each parent</td>
</tr>
<tr>
<td>Death of Parent / Spouse</td>
<td>☐ Copy of Death Certificate</td>
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<tr>
<td></td>
<td>☐ Billing Statement from funeral home verifying expenses not covered by insurance</td>
</tr>
<tr>
<td></td>
<td>☐ Anticipated income for 2016 (copy of most recent paycheck for surviving parent/spouse)</td>
</tr>
<tr>
<td>Loss of Child Support</td>
<td>☐ Verification of child support received in 2016 (i.e., divorce decree, attorney general summary)</td>
</tr>
<tr>
<td>Medical</td>
<td>☐ Schedule A- receipts will not be necessary.</td>
</tr>
<tr>
<td></td>
<td>☐ 2015 Medical Bills</td>
</tr>
<tr>
<td></td>
<td>☐ 2015 Receipts</td>
</tr>
<tr>
<td></td>
<td>☐ 2015 Medical Insurance Premium Payments</td>
</tr>
<tr>
<td></td>
<td>☐ 2015 Summary of payments from your pharmacy</td>
</tr>
<tr>
<td></td>
<td>Documents need to be sorted and submitted by patient (if medical is for more than one family member) and in chronological order. Please make sure not to send duplicates of expenses. Documents not dated or dated outside of the current academic year will not be accepted.</td>
</tr>
<tr>
<td>Deduction of One Time Payment</td>
<td>☐ Letter from parent/student explaining the one-time payment or reason for the withdrawal.</td>
</tr>
<tr>
<td></td>
<td>☐ Verification of the amount of withdrawal/payment</td>
</tr>
<tr>
<td></td>
<td>☐ Verification of what funds were used for (Provide receipts, paid bills, etc. Payments towards consumer debt will not be considered)</td>
</tr>
</tbody>
</table>

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www.financialaid.ttu.edu
finaid.special@ttu.edu
2016-2017 SPECIAL CIRCUMSTANCE FORM, cont.

Student Name: ____________________________________________ TTU R#: __________________

Student Email: ____________________________________________ Phone #: __________________

Parent(s) Email: ____________________________________________ Phone #: __________________

☐ Loss of Employment/Reduction of Income – REQUIRED DOCUMENTATION BELOW

Name of Person that lost job: ________________________________

Relationship to Student: _________________________________

Name of Previous Employer: ________________________________

Last Date of Employment: _____/ _____/ _____

Status: □ Full Time OR □ Part Time

Severance Pay received? □ YES □ NO Amount: $

Unemployment Benefits received? □ YES □ NO Amount: $

Retirement Benefits being received? □ YES □ NO Amount: $

Disability Benefits being received? □ YES □ NO Amount: $

Will funds be taken out of your IRA, 401K, or other retirement plan in order to supplement income or pay off debt? □ YES □ NO

Has new employment been found? □ YES □ NO Start Date: _____/ _____/ _____

Name of New Employer: _________________________________

☐ Letter from parent/student explaining circumstances surrounding the loss of income or reduction

☐ Letter from previous employer stating last date of employment and year to date income OR

☐ Copy of last pay check stub with year to date income information

☐ Verification of Severance pay

☐ Verification of unemployment benefits

☐ Verification of Retirement benefits

☐ Verification of Disability benefits

☐ Verification of funds taken out of retirement plan

☐ Most recent pay check stub (if new employment has been found or if working multiple jobs)

☐ Anticipated income for 2016 for employed parent(s)

☐ Other – REQUIRED DOCUMENTATION BELOW

☐ Letter from parent/student explaining circumstances

☐ Supporting documentation for your circumstances

Student Signature: ________________________ Date: ________________

[Form continuation on the next page]