### SPECIAL CIRCUMSTANCE FORM

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>TTU #:</th>
<th>Student Email:</th>
<th>Phone #:</th>
<th>Parent(s) Email:</th>
<th>Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Term(s) for Aid:</th>
<th>FALL 20</th>
<th>SPRING 20</th>
<th>SUMMER I 20</th>
<th>SUMMER II 20</th>
</tr>
</thead>
</table>

**Did the Student submit a Special Circumstance to TTU during the previous academic year?**  
[ ] YES  [ ] NO

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.

- [ ] All 2013 W-2s for both parent and student  
- [ ] Letter from parent/student explaining circumstances

### Separation / Divorce – ANSWER QUESTIONS AND SUBMIT REQUIRED DOCUMENTATION BELOW

- Name of Parent of Record on FAFSA: ________________________________
- Has the Parent of Record Remarried?  [ ] YES  [ ] NO
- Court Documentation verifying legal separation or divorce
- Anticipated income for 2014 (Copy of most recent pay check for parent of record)
- Proof of residence for each parent

### Death of Parent / Spouse – REQUIRED DOCUMENTATION BELOW

- Copy of Death Certificate
- Billing Statement from funeral home verifying expenses not covered by insurance
- Anticipated income for 2014 (copy of most recent paycheck for surviving parent/spouse)

### Loss of Child Support – REQUIRED DOCUMENTATION BELOW

- Verification of child support received in 2014 (i.e., divorce decree, attorney general summary)

### Medical – REQUIRED DOCUMENTATION BELOW

- If a Schedule A **was filed** for Medical on your 2013 Tax Return, you will not need to submit receipts.
- If a Schedule A **was not filed** for Medical on your 2013 Tax Return, please submit the following documents:
  - [ ] 2013 Medical Bills
  - [ ] 2013 Receipts
  - [ ] 2013 Medical Insurance Premium Payments
  - [ ] 2013 Summary of payments from your pharmacy
- 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.

### Deduction of One Time Payment – REQUIRED DOCUMENTATION BELOW

- Letter from parent/student explaining the one-time payment or reason for the withdrawal.
- Verification of the amount of withdrawal/payment  
  *(Payments made towards consumer debt will not be considered)*
- Verification of what funds were used for  
  *(Provide receipts, paid bills, etc. Payments towards consumer debt will not be considered)*
SPECIAL CIRCUMSTANCE FORM cont.

Student Name: ___________________________  TTU R#: ___________________________

Student Email: ___________________________  Phone #: ___________________________

Parent(s) Email: ___________________________  Phone #: ___________________________

Term(s) for Aid:  
- FALL 20_____  
- SPRING 20_____  
- SUMMER I 20_____  
- SUMMER II 20_____  

☐ 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

Amount: $________

☐ 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 2014 for employed parent(s)

☐ Other – REQUIRED DOCUMENTATION BELOW

☐ Letter from parent/student explaining circumstances

☐ Supporting documentation for your circumstances

Please keep in mind that additional documentation may be requested after the first review. Documentation may include a request of your/parent(s) 2013 IRS Tax Return Transcript. This can be obtained electronically from the IRS at http://www.irs.gov/Individuals/Get-Transcript.

Student Signature: ___________________________  Date: ___________________________