



2019-2020 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).

Federal regulations provide 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 the professional judgment of a financial aid administrator. Professional judgement decisions are final.

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.

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 2017 and 2018 (if available) W-2s for both parent and student.
2. 2018 Tax Return Transcript, if you have already filed.
3. 2017 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).
4. Letter explaining the circumstances that you want considered.
5. Additional documents relative to your particular circumstance.

****Tax documents will only be accepted if they are recieved from the student's Texas Tech email.**



2019-2020 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 2017 and 2018 (if available) W-2s for both parent and student
2. Letter from parent/student explaining circumstances
3. 2017 Tax Return Transcript, www.irs.gov. (1040 TAX RETURNS CANNOT BE ACCEPTED)

Separation / Divorce – ANSWER QUESTIONS AND SUBMIT REQUIRED DOCUMENTATION BELOW

Name of Parent of Record on FAFSA (please print below the name of the parent whose information will remain on FAFSA):

Has the Parent of Record Remarried? YES NO Date of Separation _____

Court Documentation verifying legal separation or divorce

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

Copy of most recent paycheck stub for surviving parent/spouse

Loss of Child Support – REQUIRED DOCUMENTATION BELOW

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

Medical – REQUIRED DOCUMENTATION BELOW

2017 and/or 2018 (if available) Schedule A--receipts are not necessary

2017/2018 Medical Bills

2017/2018 Receipts

2017/2018 Medical Insurance Premium Payments

2017/2018 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.

One Time Payment – REQUIRED DOCUMENTATION BELOW

Letter from parent/student explaining the one-time payment or reason for the withdrawal.



2019-2020 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 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 2019 for employed parent(s)

Other – REQUIRED DOCUMENTATION BELOW

- Letter from parent/student explaining circumstances
- Supporting documentation for your circumstances

I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information or forged signatures on this form, I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form for my financial aid to be processed. (Spouse signature is required except in cases of separation, divorce or death).

Student Signature _____

Date _____

Parent(s) Signature _____

Date _____

FA Advisor Signature _____

Date _____