



## 2021-2022 SPECIAL CIRCUMSTANCE REQUEST

This application may be completed if your family's financial situation has significantly changed from the information reported on the FAFSA .

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 judgment 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. Completing the application does not guarantee additional grant funding and will not result in scholarship funding.

Deadline for submission of application and ALL required documents is 1 week prior to the last class day of the semester.

All applications must include the following

1. All 2019 and 2020 W-2s/1099s for both parent/spouse and student
2. 2019 and 2020 physically signed 1040 or Tax Return Transcript ([www.irs.gov](http://www.irs.gov)) for both parent/spouse and student, even if the Data Retrieval Tool was used to complete the FAFSA
3. Letter explaining the circumstances you would like to be considered
4. Additional documents relative to your particular circumstance
5. Asset Form if assets (checking, savings, investment net worth) were not reported on the original FAFSA

***Please scan and attach documentation to the form in a PDF or DOCX file format. All documents must be clear and legible. Emailed documents will only be accepted if they are received from the student's Texas Tech email.***



## 2021-2022 SPECIAL CIRCUMSTANCE REQUEST

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. Letter from parent/student explaining circumstances
2. All 2019 and 2020 W-2s for both parent/spouse and student
3. 2019 and 2020 physically signed 1040 or Tax Return Transcript [www.irs.gov](http://www.irs.gov)

**Separation / Divorce** – THIS ONLY APPLIES IF BOTH PARENTS/SPOUSE INFORMATION IS ON THE FAFSA.

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 \_\_\_\_\_

Number of household members after separation/divorce \_\_\_\_\_

Number of household members in college after separation/divorce \_\_\_\_\_

Court Documentation verifying legal separation or divorce  
 Proof of residence for each parent

**Death of Parent / Spouse** – THIS ONLY APPLIES IF BOTH PARENTS/SPOUSE INFORMATION IS ON THE FAFSA.

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** – THIS ONLY APPLIES IF CHILD SUPPORT IS REPORTED ON THE FAFSA.

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

**Medical** – PAID EXPENSES CONSIDERED IN PREVIOUS YEARS WILL NOT BE CONSIDERED AGAIN.

2020 Paid Receipts  
 2020 Medical Insurance Premium Payments  
 2020 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 considered.

**One Time Payment** – REQUIRED DOCUMENTATION BELOW

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



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Student Name: \_\_\_\_\_

TTU R#: \_\_\_\_\_

Student Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent(s) Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Include information and documentation for ALL jobs if employed at more than one occupation.

Name of Person who lost job \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name of Previous Employer \_\_\_\_\_

Last Date of Employment \_\_\_\_\_

Severance Pay received? YES NO

Unemployment Benefits received? YES NO

\*If No, have you applied or do you plan to apply? YES NO

Retirement Benefits being received? YES NO

Disability Benefits being received? YES NO

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 2021 for employed parent(s)

*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 \_\_\_\_\_



**2021-2022 SPECIAL CIRCUMSTANCE REQUEST  
ASSET INFORMATION FORM**

Student Name: \_\_\_\_\_

TTU R#: \_\_\_\_\_

Please complete the information below if asset information was not included on the original FAFSA.

**Cash/Savings/Checking**

ENTER A DOLLAR AMOUNT BELOW

| At time FAFSA was filed, what was the current balance? | Student/Spouse (if Married) | Parent (if Dependent) |
|--|-----------------------------|-----------------------|
| Total Cash:  | \$                          | \$                    |
| Total Savings:   | \$                          | \$                    |
| Total Checking Account:                                | \$                          | \$                    |

**Investments**

Please include real estate (exclude home in which you currently reside), trust funds, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, education IRAs, college savings plans for all students, installment and land sale contracts including mortgages held commodities, etc.

|   |    |    |
|---|----|----|
| At the time the FAFSA was filed, what was the net worth of the investments? | \$ | \$ |
|---|----|----|

**Business and/or Investment Farms**

Do not include a family farm or family business with 100 or fewer full time or full time equivalent employees.

|   |    |    |
|---|----|----|
| At the time the FAFSA was filed, what was the net worth of the investments? | \$ | \$ |
|---|----|----|

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_

Date \_\_\_\_\_