



**2016-2017: SPECIAL CONDITIONS APPLICATION**

<b>STUDENT NAME:</b>	<b>STUDENT ID#:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>
<b>PHONE NUMBER:</b>	<b>EMAIL:</b>

Typically, the data provided on the Free Application for Federal Student Aid (FAFSA) is intended to determine the amount your family can reasonably be expected to pay toward your college costs. If the anticipated 2016 income is **at least 25% less** than the 2015 actual income, the applicant may be eligible for consideration of special circumstances.

You must file a 2016-2017 FAFSA before completing this form. You are also REQUIRED TO SUBMIT a **Dependent (or Independent) Student Verification Worksheet** along with a copy of student/spouse’s or student/parent’s **2015 IRS Tax Return Transcript** (if IRS Data Retrieval Tool was not used). Please complete and return this form and the Verification Worksheet along **with ALL supporting documentation** to Temple College, Financial Aid Office, 2600 South First Street, Temple, TX 76504. **Incomplete applications will not be processed.**

**SECTION I: REASON FOR SPECIAL CONDITION REQUEST (Must Complete)**

To determine if any adjustments can be made to your financial aid application, please check the box to the left of the reason(s) that best meets your request for reduction of income and complete the appropriate section(s). You MUST also submit documentation items listed under the respective reason for your request.

**Drastic change in earnings or loss of other income:** Student/spouse/parent who received income in 2015 lost his/her job for at least 10 weeks in 2016 OR he/she has experienced a reduction in income for 2016. This could include a loss of earnings, reduction in earnings, loss of employment or social security benefits, child support, or other taxed or untaxed income.

Specify whom this circumstance pertains to: Student \_\_\_\_\_ Spouse \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Date reduction/loss occurred: \_\_\_\_\_ (DO NOT LEAVE BLANK)

The following items MUST be presented, but additional documentation may be required:

- Dependent (or Independent) Student Verification Worksheet along with a copy of student/spouse’s or student/parent’s 2015 IRS Tax Return Transcript (if IRS Data Retrieval Tool was not used).
- Student /spouse or student/parent’s final or last pay stub in 2016 from all employers. The pay stub(s) must document year-to-date earnings.
- For loss of employment: Initial letter from Texas Workforce that includes beginning and ending dates of benefits and the amount received.
- For proof of job loss: Letter from prior employer stating date of job loss.
- If presently working, a letter from that employer verifying hours per week and salary.
- For untaxed income loss (social security, child support, etc.): Submit verifying documentation.
- Signed copy of student/spouse’s or student/parent’s 2015 federal income tax return, tax schedules and ALL W-2s.
- After December 31, 2016, you may be required to submit a signed copy of student/spouse’s or student/parent’s completed 2016 federal income tax return, tax schedules and ALL W-2s.

**Divorce or legal separation:** Since applying for financial aid, you/your parents have become divorced or separated.

Date of divorce/separation: \_\_\_\_\_ (DO NOT LEAVE BLANK)

The following items MUST be presented, but additional documentation may be required:

- Dependent (or Independent) Student Verification Worksheet along with a copy of student/spouse’s or student/parent’s 2015 IRS Tax Return Transcript (if IRS Data Retrieval Tool was not used).
- You must attach a copy of the divorce decree or the divorce petition verifying separation.
- Signed copy of 2015 federal income tax return (both if filed separately), tax schedules and ALL W-2s.
- After December 31, 2016, you may be required to submit a signed copy of your completed 2016 federal income tax return (both if filed separately), tax schedules and ALL W-2s.

**Death of spouse/parent:** Since applying for financial aid, your spouse/parent has died.

The following items MUST be presented, but additional documentation may be required:

- Dependent (or Independent) Student Verification Worksheet along with a copy of student/spouse's or student/parent's 2015 IRS Tax Return Transcript (if IRS Data Retrieval Tool was not used).
- Copy death certificate.
- Signed copy of student/spouse's or student/parent's 2015 federal income tax return, tax schedules and ALL W-2s.
- After December 31, 2016, you may be required to submit a signed copy of student/spouse's or student/parent's completed 2016 federal income tax return, tax schedules and ALL W-2s.

**Disability of student/spouse/parent:**

Specify whom this circumstance pertains to: Student \_\_\_\_\_ Spouse \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Date of Disability: \_\_\_\_\_ (DO NOT LEAVE BLANK)

The following items MUST be presented, but additional documentation may be required:

- Dependent (or Independent) Student Verification Worksheet along with a copy of student/spouse's or student/parent's 2015 IRS Tax Return Transcript (if IRS Data Retrieval Tool was not used).
- Disability certification.
- Signed copy of student/spouse's or student/parent's 2015 federal income tax return, tax schedules and ALL W-2s.
- Evidence of loss of earnings (such as a signed letter from employer on company letterhead).
- After December 31, 2016, you may be required to submit a signed copy of student/spouse's or student/parent's completed 2016 federal income tax return, tax schedules and ALL W-2s.

**Unusually high medical or dental expenses not covered by insurance:** Since applying for financial aid, you or your parent(s) are experiencing unusually high medical or dental expenses not covered by insurance.

**You MUST answer the following questions:**

1. How much **did you pay** for medical/dental **insurance** in 2015? (Do not include employer's contribution) \$ \_\_\_\_\_
2. What were your total 2015 medical/dental **expenses not paid by insurance**? \$ \_\_\_\_\_
3. Please explain if your unreimbursed medical/dental expenses will be higher in 2016, and why. \_\_\_\_\_  
\_\_\_\_\_
4. How much do you *estimate* that you will **pay out-of-pocket** for medical/dental expenses **in 2016?** \_\_\_\_\_

The following items MUST be presented, but additional documentation may be required:

- Dependent (or Independent) Student Verification Worksheet along with a copy of student/spouse's or student/parent's 2015 IRS Tax Return Transcript (if IRS Data Retrieval Tool was not used).
- Copy of receipts for medical payments NOT covered by insurance from January 2015 through December 2015. Statements must show name of patient(s), dates of charges and amount paid by patient.
- Signed copy of student/spouse's or student/parent's 2015 federal income tax return, tax schedules and ALL W-2s.
- After December 31, 2016, you may be required to submit a signed copy of student/spouse's or student/parent's completed 2016 federal income tax return, tax schedules and ALL W-2s.

**The federal formula used to calculate an EFC allows for 11% of a family's adjusted gross income to be allocated to medical expenses. Only medical expenses in excess of the 11% may be considered. Medical expenses that were an itemized deduction on the federal income tax return CANNOT be considered for professional judgment purposes.**

**Elementary or Secondary School Tuition for the Student's Siblings or Dependents:** You or your parent(s) paid private elementary or secondary school tuition for your siblings or dependents.

The following items MUST be presented, but additional documentation may be required:

- Dependent (or Independent) Student Verification Worksheet along with a copy of student/spouse's or student/parent's 2015 IRS Tax Return Transcript (if IRS Data Retrieval Tool was not used).
- Proof of institutional tuition expenses paid.

Student's Name (PRINT): \_\_\_\_\_ Student ID#: \_\_\_\_\_

**Previous year included a one-time income amount:** You or your parent(s) received an inheritance, lump sum Social Security payment, a retirement or IRA distribution, or some other nonrecurring payment that was spent or invested.

The following items MUST be presented, but additional documentation may be required:

- Dependent (or Independent) Student Verification Worksheet along with a copy of student/spouse's or student/parent's 2015 IRS Tax Return Transcript (if IRS Data Retrieval Tool was not used).
- Official documentation that identifies source of income (legal forms, financial statements, etc.)
- Documentation of how the funds were spent or invested and why they are not available as a resource.

The student can specifically identify another reasonable circumstance, which would substantiate a reduction in income for the calendar year 2016.

The following items MUST be presented, but additional documentation may be required:

- Dependent (or Independent) Student Verification Worksheet along with a copy of student/spouse's or student/parent's 2015 IRS Tax Return Transcript (if IRS Data Retrieval Tool was not used).
- Sufficient documentation verifying your circumstance.

**SECTION II: STUDENT / FAMILY INCOME (Must Complete)**

Before an adjustment can be made to your status, you must provide complete information regarding your estimates of the change in financial situation for you, your spouse, or your parent(s). Please provide an accurate estimate for **JANUARY 1, 2016 TO DECEMBER 31, 2016**. If you are submitting this form after December 31, 2016, you may be required to submit a signed copy of your completed 2016 federal income tax return, tax schedules and ALL W-2s.

**DO NOT LEAVE ANY BLANKS! Enter "\$0" if the amount is zero and "NA" if it does not apply to your circumstance.**

Estimated <u>ANNUAL</u> income from Jan. 1, 2016 to Dec. 31, 2016:		YOU / YOUR SPOUSE	PARENT(S) of Dependent Student
1	Anticipated income earned from work (wages, salaries, tips, severance pay, disability payments, and any income from work)	Student \$	Father \$
		Spouse \$	Mother \$
2	Unemployment compensation, dividends, interest, pensions, capital gains, and other taxable income	\$	\$
3	Untaxed Social Security benefits	\$	\$
4	Child Support received	\$	\$
5	Workers Compensation	\$	\$
6	AFDC / TANF (welfare benefits)	\$	\$
7	Veteran's noneducational benefits	\$	\$
8	Untaxed pensions, tax deferred pensions, IRAs and other untaxable income	\$	\$
9	Military housing, food, or living allowances	\$	\$
10	Cash or money paid on your behalf	\$	\$
<b>TOTAL INCOME ESTIMATE FOR 2016 (add items 1 - 10)</b>		\$	\$

Student's Name (PRINT): \_\_\_\_\_ Student ID#: \_\_\_\_\_

**SECTION III: SUMMARY EXPLANATION OF SPECIAL CONDITIONS (Must Complete)**

Please provide a detailed explanation including specific dates below regarding your special circumstances. Example: loss of job, benefits such as social security, death of spouse or parent, or extensive out-of-pocket medical expenses. Attach an additional sheet if more space is needed.


**SECTION IV: CERTIFICATION & SIGNATURE REQUIREMENTS (Must Complete)**

**CERTIFICATION:** I certify that to the best of my knowledge all of the information provided on this form and all attached documents is true and complete. If asked by an authorized official I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked this request may not be processed for financial aid.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined up to \$20,000, sent to prison, or both.**

**FOR OFFICE USE ONLY**

Is there a prior year Special Conditions processed? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Conditions decision: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Will not benefit \_\_\_\_\_

Reason for Approval / Denial: \_\_\_\_\_  
\_\_\_\_\_

Data elements reduced or changed on the FAFSA: \_\_\_\_\_

Old EFC: \_\_\_\_\_ New EFC: \_\_\_\_\_

Financial Aid Administrator's signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_