



TEMPLE COLLEGE

**2017-2018: 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>

You must file a 2017-2018 FAFSA before completing this form. 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 your *actual* 2016 earnings or your *estimated* 2017 earnings is **at least 25% less** than the 2015 actual income, you may be eligible for consideration of special circumstances.

**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 and had a major loss of employment income in 2016 or 2017. 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 for 2017/2018 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 2017 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.
- Copy of all W-2s from 2016, and a signed copy of student/spouse's or student/parent's completed 2016 federal income tax return if filed.
- After December 31, 2017, you may be required to submit a signed copy of student/spouse's or student/parent's completed 2017 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 for 2017/2018 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.
- Copy of all W-2s from 2016, and signed copy of completed 2016 federal income tax return (both if filed separately), if filed.
- After December 31, 2017, you may be required to submit a signed copy of your completed 2017 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 for 2017/2018 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.
- Copy of all W-2s from 2016, and a signed copy of student/spouse's or student/parent's completed 2016 federal income tax return if filed.
- After December 31, 2017, you may be required to submit a signed copy of student/spouse's or student/parent's completed 2017 federal income tax return, tax schedules and all W-2s.

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

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 for 2017/2018 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.
- Copy of all W-2s from 2016, and a signed copy of student/spouse's or student/parent's completed 2016 federal income tax return if filed.
- Evidence of loss of earnings (such as a signed letter from employer on company letterhead).
- After December 31, 2017, you may be required to submit a signed copy of student/spouse's or student/parent's completed 2017 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 or 2017, and why. \_\_\_\_\_  
\_\_\_\_\_
4. How much do you **estimate** that you will **pay out-of-pocket** for medical/dental expenses in 2016 or 2017? \_\_\_\_\_

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

- Dependent (or Independent) Student Verification Worksheet 2017/2018 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 2016 through December 2016 or January 2017 through December 2017. Statements must show name of patient(s), dates of charges and amount paid by patient.
- Copy of all W-2s from 2016, and a signed copy of student/spouse's or student/parent's completed 2016 federal income tax return if filed.
- After December 31, 2017, you may be required to submit a signed copy of student/spouse's or student/parent's completed 2017 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 for 2017/2018 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 out-of-pocket.

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

**2015 Tax Return 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 for 2017/2018 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.

**Other:** The student can specifically identify another reasonable circumstance, which would substantiate a reduction in income for 2016 or 2017.

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

- Dependent (or Independent) Student Verification Worksheet for 2017/2018 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 the change in 2015 financial circumstances for you or your parents. Please provide the best possible estimates for the period of 01/01/2016 to 12/31/2016 OR 01/01/2017 to 12/31/2017 as applicable. The Financial Aid Office can help you determine which year will more accurately reflect your ability to pay for college in 2017-18. *After receiving this form and the required documents, we may ask you for further documentation.*

**The Amounts You Are Reporting on This Form are... (choose only one)**

- 2016 Actual Earnings**  
 **2017 Estimated Earnings**

**Report the Yearly Amounts**

**2016 or 2017 Taxable Income:**

	Student / Spouse	Parent 1	Parent 2
How much will be earned from work?	\$ _____	\$ _____	\$ _____
How much will be received in severance compensation?	\$ _____	\$ _____	\$ _____
How much will be received in unemployment benefits?	\$ _____	\$ _____	\$ _____
Other type of taxable income: _____	\$ _____	\$ _____	\$ _____
Other type of taxable income: _____	\$ _____	\$ _____	\$ _____

**2016 or 2017 Untaxed Income:**

	Student / Spouse	Parent 1	Parent 2
How much will be received in Social Security benefits?	\$ _____	\$ _____	\$ _____
How much will be received in Worker's Compensation?	\$ _____	\$ _____	\$ _____
How much will be received in child support for all children?	\$ _____	\$ _____	\$ _____
Other type of untaxed income: _____	\$ _____	\$ _____	\$ _____
Other type of untaxed income: _____	\$ _____	\$ _____	\$ _____

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

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

ADDITIONAL STUDENT COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**

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.***

**FOR OFFICE USE ONLY**

Is there a prior year Special Conditions processed? Yes \_\_\_ No \_\_\_ Pell LEU: \_\_\_% Pell % used CY: \_\_\_% SULA: \_\_\_

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: \_\_\_\_\_