

McLennan Community College
Office of Financial Aid
2020-2021 SPECIAL CIRCUMSTANCES APPLICATION

If you or your family's financial situation has changed in the last two (2) years, the applicant may be eligible for consideration of special circumstances. Complete and return this form with supporting documentation to Highlander Central. Incomplete applications will not be processed.

Student's Name _____ I.D. # _____
Last First M.I.
Student's Address _____ Phone # _____
City/State/Zip _____ E-mail address: _____

Please mark the reason(s) that your/your spouse's/your parent's income will be less in 2020 than in 2018 and **complete the summary page attached** explaining the circumstances that have caused the income reduction.

- A. **Reduction in earnings or loss of other income:** Student/spouse/parent who received income in 2018 has experienced a reduction in that income for 2020. 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)**

You must attach supporting documentation: (examples of documentation)

- Student /spouse or student/parent's final or last pay stub in 2020 from all employers. The pay stub/s must document year-to-date earnings.
- Initial letter from Texas Workforce that includes beginning and ending dates of benefits and the amount received.
- 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.
- 2018 tax return and W-2's.

- B. **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).**

You must attach a copy of the divorce decree or the divorce petition verifying separation.

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

Attach copy of death certificate, funeral program or obituary.

- D. **Disability of student/spouse/parent:** Specify whom this circumstance pertains to:

Student _____ Spouse _____ Father _____ Mother _____

Date of Disability _____ **(DO NOT LEAVE BLANK)**

Attach documentation of the disability.

- E. **Previous year included a one-time income amount** such as an inheritance, lump sum, social security, retirement, or IRA distribution. **Attach documentation that identifies source of income and how funds were spent or invested.**

- F. The student can specifically identify another reasonable circumstance, which would substantiate a reduction in income for the calendar year 2020. **You must attach verifying documentation.**

2020 INCOME INFORMATION

Complete the following table. List **all** income you expect to receive from January 1, 2020 through December 31, 2020. **DO NOT LEAVE ANY AREAS BLANK.** Submit a detailed list of all 2020 income earned by student/spouse and/or parent.

| | | |
|---|---|--------------------------------|
| Anticipated <u>YEARLY</u> Income For Jan. 1, 2020 To Dec. 31, 2020: | Independent Student and Spouse or Dependent Student | Parent(s) of Dependent Student |
| Expected 2020 income earned from work (wages, salaries, tips, net business/farm income): | Student \$ | Father \$ |
| | Spouse \$ | Mother \$ |
| Other taxable income (dividends, interest, pensions, alimony, unemployment compensation, capital gains, other): | \$ | \$ |
| Social Security Benefits: | \$ | \$ |
| Child Support: | \$ | \$ |
| Workers Compensation: | \$ | \$ |
| AFDC/TANF (Welfare Benefits): | \$ | \$ |
| Veteran's Non-Educational Benefits: | \$ | \$ |
| Other Untaxed Income (Untaxed pensions, tax deferred pensions, IRA's and retirement): | \$ | \$ |
| Military Housing, Food, or Living Allowances: | \$ | \$ |
| Cash or money paid on your behalf: | \$ | \$ |
| Total Income for 2020: | \$ | \$ |
| Income Exclusions: (Education credits, child support paid, work-study or Pell/Scholarships claimed on tax | \$ | \$ |

CERTIFICATION: I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form. I also realize that if I do not provide proper documentation or have incomplete paperwork, my request will be denied.

| | |
|---------------------|------|
| Student's Signature | Date |
|---------------------|------|

Spouse's Signature _____ Date _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

FINANCIAL AID OFFICE USE ONLY

Approved _____ Denied _____ F.A. Officer: _____ Date: _____

2020-2021

Please summarize your special circumstance below. If additional space is needed, please attach a letter or use the back of this form.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

My signature below certifies that the information provided above is true. I agree to provide proof of the information if requested. I understand that the penalty for providing false or misleading information is a \$10,000 fine, a prison sentence, or both.

Student's Signature

Date _____

Parent's Signature

Date _____

Please save your document before clicking on Submit.
After clicking on Submit, you will be able to attach additional documents.