

TOUGALOO COLLEGE
OFFICE OF FINANCIAL AID
2010-2011
Special Circumstances Form

Name _____ SSN _____
Print: Last Name, First Name, M.I.

Instructions:

This form is available to assist you in reporting changes in income of benefits for 2010 that may affect your eligibility for student financial aid. *Do not complete this form unless you have already received your 2010-2011 Student Aid Report and you are able to provide clear and appropriate documentation.*

If you applied for financial aid as a dependent student reporting financial data about yourself and your parents, use this form to report changes in your parents' income or benefits.

If you applied for financial aid as an independent student reporting only your (and you spouse's, if married) financial data, use this form to report changes in your (and your spouse's) financial data.

I. Description of Income Loss

- ___ a. Loss of Earnings for 2 weeks in 2010 for ___ mother ___ father ___ student ___ spouse
(*Must have worked 30 hours a week for at least 26 weeks in 2010.*)
Please explain and give date when this occurred: _____

- ___ b. Divorce/separation of ___ parents ___ student/spouse Date occurred: _____
(*Provide a copy of divorce decree or documentation of separate household if separated*)
- ___ c. Death of ___ mother ___ father ___ spouse Date occurred: _____
(*Provide copy of death certificate*)
- ___ d. Loss of untaxed income for 2010 by ___ mother ___ father ___ student ___ spouse
Specify source: ___ Social Security ___ Child Support ___ Unemployment
___ Other: _____ Date Loss Occurred: _____
- ___ e. One-time income in 2010 that is no longer available (examples: inheritance, moving expense allowance, back year payments of Social Security, or lump-sum payment of pension or retirement benefits). Identify source of income, recipient, and how funds were spend or invested: _____

(Do not complete Section II if you checked this reason. Instead, attach a signed copy of the 2009 U.S. Income Tax Return for the person who received the one-time payment).

II. Amount of anticipated 2010 income and benefits. *This entire section must be completed with an amount or a zero.*

	Average pay per pay period (circle one)	Student/Spouse	Parents
Student	\$ _____ weekly biweekly monthly	\$ _____	\$ _____
Spouse	\$ _____ weekly biweekly monthly	\$ _____	\$ _____
Mother/Stepmother	\$ _____ weekly biweekly monthly	\$ _____	\$ _____
Father/Stepfather	\$ _____ weekly biweekly monthly	\$ _____	\$ _____
Social Security (Retirement, Disability, or SSI)		\$ _____	\$ _____
Unemployment Compensation		\$ _____	\$ _____
Earned Income Credit +		\$ _____	\$ _____
Interest Income		\$ _____	\$ _____
Alimony		\$ _____	\$ _____
Court Ordered Child Support+		\$ _____	\$ _____
AFDC/ADC +		\$ _____	\$ _____
Workers compensation ___ taxable ___ non-taxable		\$ _____	\$ _____
Military/Clergy benefits (BAS & BAQ)		\$ _____	\$ _____
Retirement/Pension income ___ taxable ___ non-taxable		\$ _____	\$ _____
Veteran's Non-educational benefits (Death pension or DIC)		\$ _____	\$ _____
Reserve Pay		\$ _____	\$ _____
Other (Specify)		\$ _____	\$ _____

Required Documentation: Earned Income- last paycheck stub from each place of 2010 employment, each W-2 earnings statement, or 2009 federal tax return application. Other Sources of Income – benefit statement. Statement of employer concerning lost of employment.

III. Certification (Parental signatures are required for dependent students only.)

I certify that this information is true and complete.

_____ / _____ Student's signature date	_____ / _____ Father's/Stepfather's signature Date
_____ / _____ Spouse's signature date	_____ / _____ Mother's/Stepmother's signature Date
Student's Phone _____	Parent's/Stepparent's Phone _____

SFA USE ONLY	___ APPROVED	BY: _____	DATE: _____
	___ DENIED	BY: _____	DATE: _____
	___ PENDING	BY: _____	DATE: _____

COMMENTS: