



Tompkins Cortland Community College
 Financial Aid Office
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2009-2010 SPECIAL CIRCUMSTANCES FORM

REQUESTS FOR SPECIAL CIRCUMSTANCES WILL BE REVIEWED ON A WEEKLY BASIS BY A FINANCIAL AID COMMITTEE.

Student Name _____ Social Security # _____

INSTRUCTIONS: Identify the Special Circumstance that applies to your situation in Section A, and attach appropriate documentation: SIGNED 2008 FEDERAL TAX RETURNS (WITH ALL SCHEDULES and W2'S) FOR THE STUDENT (if dependent) AND PARENT – OR STUDENT AND SPOUSE (if married) – MUST BE SUBMITTED WITH THIS FORM. In addition, Sections A-F must be completed.

SECTION A: SPECIAL CIRCUMSTANCES (Please check your Special Condition)

SPECIAL CONDITION	DEPENDENT STUDENT	INDEPENDENT STUDENT	REQUIRED DOCUMENTATION
<input type="checkbox"/> Loss of Employment	Your parent(s) or your income earned in 2009 will be less than that earned in 2008.	Your (and/or your spouse's) income earned in 2009 will be less than that earned in 2008.	Copy of last pay stub showing year-to-date earnings, termination notice from employer, and a benefit notice from employment office.
<input type="checkbox"/> Loss of Taxable/Untaxed Income ➤ Child Support ➤ Social Security ➤ Worker's Compensation ➤ Alimony ➤ Other* (explain below)	Your parent(s) or you received benefits in 2008 which have ceased or been reduced in 2009.	You (and/or your spouse) received benefits in 2008 which have ceased or been reduced in 2009.	Provide documentation from agency stating total amount received in 2008 & termination date; & documentation of updated 2009 amount.
<input type="checkbox"/> Separation or Divorce	Your parents have separated or divorced AFTER filing the FAFSA.	You and your spouse have separated or divorced AFTER filing the FAFSA.	Provide a copy of the divorce decree or separation agreement
<input type="checkbox"/> Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	Provide a copy of the death certificate.
<input type="checkbox"/> Other ➤ Medical/Dental Expense* (not covered by insurance) *EXPENSES PAID IN CALENDAR YEAR 2008	Your parent(s) or your medical expenses in 2008 exceeded 10% of your total income.	Your (and your spouse's) medical expenses in 2008 exceeded 10% of your total income.	Provide documentation of proof of payment of medical bills and letter from insurance company showing medical expenses not covered.

*Please explain: _____

SECTION B: HOUSEHOLD INFORMATION – LIST ALL MEMBERS INCLUDED IN YOUR HOUSEHOLD

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>NAME OF COLLEGE (if enrolled)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

SECTION C: PROJECTED INCOME AND BENEFITS FROM JANUARY 1, 2009 TO DECEMBER 31, 2009

	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER	STUDENT	STUDENT'S SPOUSE
Wages, Tips, Salary	\$ _____	\$ _____	\$ _____	\$ _____
Interest and/or Dividend Income	\$ _____	\$ _____	\$ _____	\$ _____
Business/Farm Income	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Pensions and/or Annuities	\$ _____	\$ _____	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Social Security/SSI Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Welfare Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
COMPLETE ONLY IF YOUR SPECIAL CONDITION IS FOR MEDICAL/DENTAL EXPENSES PAID IN 2008.				
Medical/Dental Expenses in 2008	\$ _____	\$ _____	\$ _____	\$ _____

SECTION D: NON-FILING STATEMENT

COMPLETE THIS SECTION ONLY IF STUDENT, STUDENT'S SPOUSE, OR STUDENT'S PARENT(S) DID NOT FILE A TAX RETURN. IF YOU RECEIVED A 2008 IRS W-2, PROVIDE A COPY WITH THIS FORM.

Student's signature Date

Student's Spouse's signature Date

Father's/Stepfather's signature Date

Mother's/Stepmother's signature Date

