APPLICANT'S NAME:_____ SS#:_____-____-_____

WESTERN TEXAS COLLEGE 2019-2020

SPECIAL CIRCUMSTANCES APPLICATION

A. This form may be used for the 2019-2020 school year if you or your spouse (independent students), or parents' (not student's) financial situation has significantly changed. *Examples: loss of job, loss of benefit such a social security, death of spouse or parent, or extensive medical expenses paid.* ***PLEASE NOTE: If you choose to quit your job to return to school this is NOT a special circumstance.*** REQUIRED: Please provide as much possible below regarding the special circumstance (use back of this form or attach additional information as needed).

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B. You must provide a copy of your 2017 Income Tax Return if one was or will be filed.

C. 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, employers, including your last date of employment and total year to date earnings (Statement of Earned Income for 2017). **You must** attach statements from your spouse or your parents. Please provide the best possible estimates for the period January 1, 2019 to December 31, 2019.

Estimated Taxable Income for 2019:	**You/Your Spouse**	**Your Parents**
How much you/your father will earn from work?	$_____	$_____
How much your spouse/your mother will earn from work?	$_____	$_____
How much you/your spouse/your parents will receive in unemployment benefits?	$_____	$_____
How much you/your spouse/your parents will have in other taxable income? (i.e. interest or dividends, etc.)	$_____	$_____
Total Estimated Taxable 2019 Income:	$_____	$_____

Estimated Untaxed Income and Benefits for 2019:	**You/Your Spouse**	**Your Parents**
Social Security Benefits	$_____	$_____
Aid for Families with Dependent Children (AFDC or ADC)	$_____	$_____
Other untaxed income and benefits (i.e. child support, workers comp., etc.)	$_____	$_____
Total Estimated 2019 Untaxed Income and Benefits:	$_____	$_____

Estimated amount of Unusual Expenses that will be paid in 2019:	**You/Your Spouse**	**Your Parents**
Expense Type: _____	$_____	$_____
Expense Type:_____	$_____	$_____
Less (-) Amount Paid by Insurance	$_____	$_____
Net Estimated **2019** Unusual Expenses (total expenses less insurance)	$_____	$_____

D. **Certification:** All of the information on this form is true and complete to the best of my knowledge. 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, the student may not be processed for financial aid.

_____ Date:__/__/__ _____ Date:__/__/__

Student's Signature Father's Signature

_____ Date:__/__/__ _____ Date:__/__/__

Spouse's Signature Mother's Signature

Office Use Only: Action Taken:_____ Date:__/__/__ SFA Initials:_____