

WESTERN TEXAS COLLEGE 2021 - 22
SPECIAL CIRCUMSTANCES APPLICATION

A. This form may be used for the 2021-2022 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 as 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).

B. DOCUMENTS - You must submit all of the below checked verification requirements.

- _____ Special Circumstance Application
- _____ 2020 IRS Tax Transcript
- _____ 2020 W2s
- _____ Unemployment Benefits
- _____ Last paystub with year-to-date information
- _____ Notice of Termination from employer
- _____ Severance package statement
- _____ 401 K payout statement
- Medical bills and any supporting documentation from your doctor stating condition (if this application is due to a medical condition)

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. **You must** attach statements from your spouse or your parents. Please provide the best possible estimates for the period January 1, 2021 to December 31, 2021.

Estimated Taxable Income for 2021:	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 2021 Income:	\$ _____	\$ _____

Estimated Untaxed Income and Benefits for 2021:	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 2021 Untaxed Income and Benefits:	\$ _____	\$ _____

Estimated amount of Unusual Expenses that will be paid in 2021:	You/Your Spouse	Your Parents
Expense Type: _____	\$ _____	\$ _____
Expense Type: _____	\$ _____	\$ _____
Less (-) Amount Paid by Insurance	\$ _____	\$ _____
Net Estimated 2021 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: _____