

TEXAS A&M UNIVERSITY - COMMERCE
OFFICE OF FINANCIAL AID
2006/2007 SPECIAL CIRCUMSTANCES APPLICATION

Complete the application, provide signed copies of yours and/or your parent's 2005 tax returns, complete an Institutional Verification Form, and return all documentation to the Office of Financial Aid.

Student's Name: _____ Campus Wide ID: _____

Address: _____ Date of Birth: _____

Local Phone #: _____

Loss or reduction of income from work: Please check the circumstance that best applies to your situation and complete the Income Worksheet on page 3 of this form.

- Termination** Provide an official letter from employer stating the effective date of termination. In addition, you must provide official documentation of earnings to date with this application (final pay stub, employer's statement, etc.) and signed copies of your (Independent) or your parent's (Dependent) 2005 tax return.
- Disability** Attach medical documentation of disability and the effective date. In addition, you must provide official documentation of earnings to date with this application (final pay stub, employer's statement, etc.) and signed copies of your (Independent) or your parent's (Dependent) 2005 tax return.
- Layoff** Provide an official letter from employer stating the effective date of the layoff and anticipated return. In addition, you must provide official documentation of earnings to date with this application (final pay stub, employer's statement, etc.) and signed copies of your (Independent) or your parent's (Dependent) 2005 tax return.
- Reduced employment** Provide an official letter from employer stating the effective date. In addition, you must provide official documentation of earnings to date with this application (final pay stub, employer's statement, etc.) and signed copies of your (Independent) or your parent's (Dependent) 2005 tax return. **Note:** quitting your job or reducing your hours to attend school is not considered a special circumstance.
- Divorce/Separation:**
Complete the Income Worksheet on page 3 of this form.
Since applying for financial aid, you and your spouse (I) or your parent=s (D) have become divorced or separated. Provide legal documentation containing the date of the divorce or separation, copy(ies) of 2005 W-2 (s) and a signed copy of 2005 federal tax return.
- Death of Spouse/Parent:**
Complete the Income Worksheet on page 3 of this form.
Since applying for financial aid, your spouse (I) or a parent (D) is no longer living. Provide documentation of the date of death, copy(ies) of 2005 W-2 (s) and a signed copy of 2005 federal tax return.

One-Time Income:

Complete the Income Worksheet on page 3 of this form.

In 2005, you and your spouse (I) or your parents (D) received a one-time source of income such as: inheritance, moving expense allowance, back-year social security payments, severance pay package, IRA distribution, etc. Provide a signed copy of 2005 tax return indicating moving expenses, IRA distribution, etc., or documentation from the Social Security Administration for back-year payments. **Note:** Winnings from gambling are not considered a special circumstance.

List the one-time source of income

Elementary/Secondary Education and Adult Care Expenses

Provide documentation for each family member you included in your family size on your application for financial aid for whom you (I) or your parents (D) paid tuition/fees for private elementary/secondary education, or adult care expenses. Documentation required: Signed 2005 tax return (to verify dependents) and receipts for tuition or adult care payments made in 2005.

Name of Family Member

Relationship to Student

Include Parents in the Number in College (Dependent Students Only)

Your parents cannot automatically be included in the number in college. If your parents are pursuing an undergraduate or graduate degree, an adjustment to your financial aid application can be made. Provide a signed copy of parent's degree plan from the school or university they are attending or a copy of their academic transcript.

Unusually High Medical/Dental Expenses:

Note: Medical/dental expenses up to 11% of the family's total income are already taken into account by the Federal Needs Analysis Formula when determining financial aid eligibility. Therefore, *only the portion of expenses which exceed 11% will be considered an unusual circumstance.*

If you or your spouse (I) or your parents (D) itemized medical/dental expenses in 2005, provide a signed copy of the 2005 tax return, including Schedule A. If medical/dental expenses were not itemized in 2005, provide receipts of medical/dental expenses paid in 2005 and prepare a Schedule A using that information.

List below the family member for whom medial/dental expenses were incurred in 2005:

Name of Family Member

Relationship to Student

SUMMARY OF SPECIAL CIRCUMSTANCES

Please summarize your special circumstances. Use back of form if additional space is needed.

2006 Income Worksheet
Do not leave any blanks - worksheet must be completed.

Source: You must provide documentation of ALL sources of income, (ex. last pay stub, statement from employer, Social Security statement, etc.)	Actual 1/1/06 - Today	Estimated Today -12/31/06	Total Actual+Estimate
Expected 2006 income earned from work by student	\$	\$	\$
Expected 2006 income earned from work by spouse (I)			
Expected 2006 income earned from work by father (D)			
Expected 2006 income earned from work by mother(D)			
Other taxable income: Include dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.			
Social Security Benefits			
Temporary Assistance to Needy Families (TANF)			
Child Support			
Other untaxed income: welfare benefits, earned income credit, etc.			
TOTAL Estimated 2006 INCOME	\$	\$	\$

Certification: I (we) certify that the information provided on this form, and the accompanying documentation, is true and complete to the best of my (our) knowledge. I (we) agree to provide proof of the information that I (we) have given on this form if requested by the Office of Financial Aid. If I (we) do not provide the requested documentation, my Special Circumstances Application will not be processed.

Student's signature: _____ Date: _____

Spouse's signature (I): _____ Date: _____

Parent's signature (D): _____ Date: _____

For office use only:

Prior year special circumstances: Yes No

Special Circumstances Approved Special Circumstances Denied

Comments: _____