

HILL COLLEGE

2017-2018 SPECIAL CIRCUMSTANCE REQUEST DEPENDENT STUDENT

You have requested reassessment of your financial aid eligibility for the 2017-2018 school year due to special circumstances. This document may be used to determine why you believe the information you provided in your original financial aid application does not provide a reasonable estimate of your parents', and your, resources to meet all or part of your costs of education during the 2017-2018 school year.

Please review the following and indicate the circumstance that best describes the change in your parents' financial status. To verify the special circumstance you will be required to submit documentation with this application.

Name : _____ SSN or Student ID _____

Loss Of Job or Benefits

- _____ A parent worked full-time for at least 30 weeks in 2015, but the parent is not working full-time now. Last date of full-time work: _____. **REQUIRED DOCUMENTATION:** Obtain statement from the employer(s) showing dates of employment and gross earnings for 2016.
- _____ A parent worked in 2015 but has lost his/her job in 2016. Parent's last date of employment: _____. **REQUIRED DOCUMENTATION:** Obtain statement from employer(s) showing dates of employment and gross earnings for 2016. If applicable, obtain documentation showing amount of unemployment compensation expected during 2016.
- _____ A parent earned money in 2015, but has been unable to earn money in the usual way in 2016 because of either a disability or a natural disaster that happened in 2015 or 2016. The parent's last date of work: _____. Date disability or disaster occurred: _____. **REQUIRED DOCUMENTATION:** Obtain a statement from the parent's physician or rehabilitation agency verifying the disability occurring in 2015 or 2016. Provide proof of 2015 earnings.
- _____ A parent received unemployment compensation, or other untaxed income or benefit in 2015 but has completely lost that income/benefit in 2016. Examples of untaxed income/benefits: Social Security benefits, child support, untaxed retirement or disability benefits, workers' compensation, welfare benefits, etc. **REQUIRED DOCUMENTATION:** Obtain a statement from the agency or organization that provided untaxed income or benefit in 2015 listing the date the income/benefit ceased and the amount received in 2016.

SEPARATION OR DIVORCE

- _____ Since your application for Federal student aid was submitted, your parents have separated or divorced. Date of divorce: _____. Date of separation: _____. **REQUIRED DOCUMENTATION:** Attach copy of divorce decree or signed notarized statement showing date of separation. Provide proof of total 2016 income for custodial parent.

DEATH OF PARENT

- _____ Since your application for Federal student aid was submitted, a parent has died. Date of parent's death: _____. **REQUIRED DOCUMENTATION:** Attach copy of death certificate. Provide proof of total 2016 income for surviving parent.

DISLOCATED WORKER

- _____ A parent is certified by the appropriate agency (WIA, in Texas) as a dislocated worker. **REQUIRED DOCUMENTATION:** Obtain statement from the appropriate agency that confirms the parent's status as a dislocated worker. Provide proof of total 2016 income.

UNUSUAL EXPENSES

- _____ Your parent(s) have unusual expenses in 2015 and/or 2016 such as excessive medical/dental payments or tuition expenses at an elementary or secondary school. **REQUIRED DOCUMENTATION:** Submit paid receipts or cancelled checks to verify amount paid for unusual expenses in 2015 and/or 2016.

OTHER UNUSUAL CIRCUMSTANCE

- _____ Your parent(s) have some unusual circumstance not covered above that you believe would affect your eligibility for student financial aid. **REQUIRED DOCUMENTATION:** Describe the circumstance on a separate sheet and submit with this application. Additional documentation will be required and will vary according to the circumstance.

Before an adjustment can be made to your status, parent(s) must provide complete information about their estimate of the change in financial resources for the parent(s) from 2015. Please provide the best possible estimates for the period of January 1, 2016 to December 31, 2016. Additional documentation may be required.

WHAT YOUR PARENTS EXPECT THEIR INCOME AND EXPENSES TO BE IN 2016.

- In 2016, how much will your father earn from work? \$ _____
- In 2016, how much will your mother earn from work? \$ _____
- In 2016, how much will your parents receive in unemployment benefits \$ _____
- In 2016, how much will both parents have in other taxable income (interest, dividends, rents, etc.) \$ _____
- Total estimated taxable income? \$ _____

- Parent(s) estimated 2016 Social Security benefits? \$ _____
- Parent(s) estimated welfare benefits (ADC, AFDC or TANF)? \$ _____
- Parent(s) other untaxed income/benefits (child support, workers' compensation, etc)? \$ _____
- Total estimated 2016 untaxed income and benefits? \$ _____

CERTIFICATION:

All of the information on this form is true and correct to the best of my/our knowledge. If asked by an authorized official, I/we agree to provide additional proof of the information that I/we have given. I/We understand that this proof may include a copy of my/our U.S. income tax return. I/We further understand that if I/we do not give proof when asked, processing of my/our application will cease.

Student's Signature	Address and Phone Number	Date
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Father's Signature	Mother's Signature	Date
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OFFICE USE ONLY:

Action Taken: _____

Financial Aid Officer

Director of Student Information Services

Date

Date

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