

HILL COLLEGE

2018-2019 SPECIAL CIRCUMSTANCE REQUEST INDEPENDENT STUDENT

You have requested reassessment of your financial aid eligibility for the 2018-2019 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 (and your spouse's), resources to meet all or part of your costs of education during the 2018-2019 school year.

Please review the following and indicate the circumstance that best describes the change in your (your spouse's) 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

- _____ You worked full-time for at least 30 weeks in 2016, but you are 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 2017.
- _____ Your spouse worked in 2016 but has lost his/her job in 2017. Spouse's last date of employment: _____. **REQUIRED DOCUMENTATION:** Obtain statement from employer(s) showing dates of employment and gross earnings for 2017. If applicable, obtain documentation showing amount of unemployment compensation expected during 2017.
- _____ You (or your spouse) earned money in 2016, but has been unable to earn money in the usual way in 2017 because of either a disability or a natural disaster that happened in 2016 or 2017. Your (or spouse's) last date of work: _____. Date disability or disaster occurred: _____. **REQUIRED DOCUMENTATION:** Obtain a statement from the physician or rehabilitation agency verifying the disability occurring in 2016 or 2017. Provide proof of 2017 earnings.
- _____ You (or your spouse) received unemployment compensation, or other untaxed income or benefit in 2016 but has completely lost that income/benefit in 2017. 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 2016 listing the date the income/benefit ceased and the amount received in 2017.

SEPARATION OR DIVORCE

- _____ Since your application for Federal student aid was submitted, you and your spouse 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 2017 income.

DEATH OF SPOUSE

- _____ Since your application for Federal student aid was submitted, a spouse has died. Date of spouse's death: _____. **REQUIRED DOCUMENTATION:** Attach copy of death certificate. Provide proof of total 2017 income for surviving person.

DISLOCATED WORKER

- _____ You (or your spouse) are certified by the appropriate agency (WIA, in Texas) as a dislocated worker. **REQUIRED DOCUMENTATION:** Obtain statement from the appropriate agency that confirms dislocated worker status. Provide proof of total 2017 income.

UNUSUAL EXPENSES

- _____ You (or your spouse) have unusual expenses in 2016 and/or 2017 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 2016 and/or 2017.

OTHER UNUSUAL CIRCUMSTANCE

- _____ You (or your spouse) 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, you must provide complete information about the estimate of the change in financial resources for you (or your spouse) from 2016. Please provide the best possible estimates for the period of January 1, 2017 to December 31, 2017. Additional documentation may be required.

WHAT YOU (AND YOUR SPOUSE) EXPECT YOUR INCOME TO BE IN 2017.

- In 2017, how much will you earn from work? \$ _____
- In 2017, how much will your spouse earn from work? \$ _____
- In 2017, how much will you and/or your spouse receive in unemployment benefits \$ _____
- In 2017, how much will you and/or your spouse have in other taxable income (interest, dividends, rents, etc.) \$ _____
- Total estimated taxable income? \$ _____

- Estimated 2017 Social Security benefits? \$ _____
- Estimated welfare benefits (ADC, AFDC or TANF)? \$ _____
- Other untaxed income/benefits (child support, workers' compensation, etc)? \$ _____
- Total estimated 2017 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.

Applicant's Signature	Spouse's Signature	Date
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Address	City	State	Zip	Phone
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OFFICE USE ONLY:

Action Taken: _____

Financial Aid Officer

Director of Student Information Services

Date

Date

Hill College is committed to the principle of equal opportunity in education and employment. The college does not discriminate against individuals on the basis of age, race, color, religion, sex, national origin, disability, genetic information, or veteran status in the administration of its educational programs, activities, or employment policies.