

SECTION A: STUDENT INFORMATION

2025-2026 Special Circumstances Request for <u>Independent Students</u>

Deadline to submit form, with all documentation, is the first day of class for the term that you are enrolling.

Name:	SSN/College ID Number:
	25-2026 Free Application for Federal Student Aid (FAFSA) you completed uses you and, if married, your s' 2023 income and assets to determine your financial need for this academic year.
not take advise a class hours.	has been a major change in your situation since filing the FAFSA, or you have special circumstances that were en into consideration on the FAFSA, you should use this form to have your financial aid file reviewed. Please be d that the submission of this form does not guarantee any changes to your financial aid awards. To secure schedule, the student must ensure tuition is paid in full and be enrolled in a minimum of six (6) credit This form will be thoroughly reviewed, and the student will be notified by e-mail of the decision. Failure to subminured documentation will result in automatic denial of this form.
	Note : You must have a complete financial aid file, meaning that all missing documents have been turned in beform can be reviewed.
✓	Section B: Sign and date the certification. Section C: Provide a personal statement explaining your financial situation.
√ ✓	TTING THIS FORM Submit a copy of your and your spouses (if applicable) 2023 SIGNED Tax Return or Tax Transcript. Ensure the form is complete and the required documentation is attached. Return the form and required documentation to our office.

I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information or forged signatures on this form, I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form for my financial aid to be processed. (Spouse signature is required except in cases of separation, divorce, or death).

Electronic signatures are not accepted.

Student

Date

Spouse Signature

Date

Allow 6-8 weeks for our office to review your form.

Trinity Valley Community College - 100 Cardinal Drive, Athens, TX 75751, fax to (903) 675-6345 or save and attach as PDF upload to https://webapps.tvcc.edu/Jotforms/JFFAFormUpload/.

TION D: HOUSEHOLD INF	ORMATION			
		who will remain in the	e household fo	or the 2025-2026 school y
TION D: HOUSEHOLD INF nplete the following, listing Name		who will remain in the Relationship to	e household fo	or the 2025-2026 school y

SECTION C: PERSONAL STATEMENT

Name	Age	Relationship to Student	Name and State of College
1.		Self (student)	Trinity Valley Community College
2.			
3.			
4.			
5.			
6.			
7.			
8.			

SE	SECTION E: CONDITIONS RELATED TO INCOME				
Ple	ease check the boxes that apply to you AND attach the required documentation.				
	A. My student/spouse income for 2023 includes an income that is typically only received once. Thus, my 2023 income is not reflective of the income I expect to receive in 2025. [Examples of a one-time income are capital gains from sales of assets, prize winnings and pension payoff].				
	Documentation required : An official document identifying source of income, as well as a separate sheet identifying how the funds were spent <u>and</u> proof of current household income for the last 3 months.				
	B. I submitted my FAFSA and my spouse died after I had filed.				
	Documentation required : A copy of the death certificate or notice <u>and</u> proof of current household income for the last 3 months.				
╚	C. My student/spouse income in 2023 does not represent my expected 2025 income due to health problems in 2025 that have prevented or reduced my ability to work.				
	Documentation required : Documentation from doctor verifying inability or reduction of ability to work. Pay information				
	may be required <u>and</u> proof of current household income for the last 3 months.				
	D. My 2023 income as reported on the FAFSA will not be reflective of the income that I expect to receive in 2025 due to a loss of job resulting in unemployment for at least 10 consecutive weeks in 2025. Employment must have been for at least 30 weeks in 2023.				
	Documentation required : A letter from the former employer. Hire and termination dates must be included <u>and</u> proof of current household income for the last 3 months.				
	E. I submitted my FAFSA and, since that time, my spouse and I have divorced or separated.				
	Documentation required : A copy of the divorce decree, stating the date of the divorce, or a verifiable letter from your attorney, counselor, clergyman, doctor, or other professional, stating the date of separation <u>and</u> proof of current household income for the last 3 months.				
SI	ECTION F: CONDITIONS RELATED TO EXTRAORDINARY EXPENSES				
PI	ease check the boxes that apply to you AND attach the required documentation.				
┃□	G. I/my spouse paid elementary or secondary school tuition in the CALENDAR YEAR 2023.				
	Documentation required : A statement from the school or copies of cancelled checks showing the DATE and AMOUNT paid in the calendar year 2023 for TUITION ONLY . Book rental, uniforms, club fees, deposits, etc. will not be used.				
	H. I/my spouse incurred non-reimbursed medical, dental, or nursing home expenses in 2023 that were not covered by insurance. Note: Only expenses paid up to 7.5% of your Adjusted Gross Income will be considered.				
	Documentation required : A copy of Schedule A from the 1040 form, an itemized statement of billing from a doctor or copies of nursing home expenses. If a billing is used it must clearly show how much you actually paid in 2023.				

SECTION G: STUDENT/SPOUSE INCOME INFORMATION FOR THE YEAR 2025 STUDENT/SPOUSE COMPLETING COLUMNS A & B ☐ If you selected one or more of Conditions A through H in Section E, provide your actual and estimated 2025 income amounts for each item listed below. Provide a total amount for each time period. **DO NOT** indicate weekly or monthly amounts. Your estimates need to be as accurate as possible to prevent an adverse effect on any future adjustments. ☐ If completing this form after 12/31/25, please provide actual yearly totals (from 1/1/25 through 12/31/25) in Column A only. **COLUMN A COLUMN B** □ **DO NOT** include any income in Column B that is already accounted for in **Estimated** Gross Income Column A. Gross received Income □ **DO NOT** leave any lines blank. expected after today ☐ If an amount is zero, indicate with a "\$0." (1/1/25 - today)(today - 12/31/25) Student's wages, salaries, tips \$_ Spouse's wages, salaries, tips \$ Interest or Dividend Income \$ \$ **Unemployment Compensation** \$ \$ IRA distributions, pensions and/or annuities \$ \$ \$ \$ Alimony received Business and/or farm income or loss \$ \$ Rental real estate, royalties, partnerships, S corporations and trusts \$ \$ Capital gains or losses Social Security Income/Benefits Received - Taxed Payments to tax-deferred pension and savings plans. Deductible IRA and Keogh payments Child Support Received. DO NOT include foster care or adoption payments. \$ \$ Tax exempt interest income \$ Untaxed portions of IRA distributions or pensions Housing, food and other living allowances for military, clergy, and others (including cash payments and cash value of benefits). DO NOT include the value of on-base \$ military housing or the value of a basic military allowance for housing. Veteran's Non-Educational Benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. Money received or paid on your behalf (e.g., bills) Other untaxed income not reported such as worker's compensation, disability, etc. DO NOT include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels. Child Support Paid Earnings from Federal Work-Study or need-based employment (fellowships/assistantships) Combat pay or special combat pay. Only enter the amount that was taxable and included in your Adjusted Gross Income