



2026-2027 Special Circumstances for Dependent Students

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

SECTION A: STUDENT INFORMATION

Name: _____ SSN/College ID Number: _____

The 2026-2027 Free Application for Federal Student Aid (FAFSA) you completed uses you and your parent(s)' 2024 income and assets to determine your financial need for this academic year.

If there has been a major change in your situation since filing the FAFSA, or you have special circumstances that were not taken into consideration on the FAFSA, you should use this form to have your financial aid file reviewed. **Please be advised that the submission of this form does not guarantee any changes to your financial aid awards. To secure a class schedule, the student must ensure tuition is paid in full and be enrolled in a minimum of six (6) credit hours.** This form will be thoroughly reviewed and the student will be notified by e-mail of the decision. **Failure to submit all required documentation will result in automatic denial of this form.**

Please Note: You must have a complete financial aid file, meaning that all missing documents have been turned in before this form can be reviewed.

COMPLETING THIS FORM

- Section A: Complete the requested student information.
 - Section B: Sign and date the certification. You and one parent are required to sign and date this form.
 - Section C: Provide a personal statement explaining your financial situation.
 - Section D: Update household information.
 - Section E: Review this section **IF** your special circumstances relates to changes in income. Check the boxes that apply and attach the required documentation. **Proceed to Section G.**
 - Section F: Review this section **IF** your special circumstances relates to extraordinary expenses. Check the boxes that apply and attach the required documentation. **Do not complete Section G or H.**
- *Note:** If your situation involves both a loss of income and extraordinary expenses, complete Section E and F. Our office will review both, and then select the section that may increase your financial need.
- Section G: Provide your estimated 2026 income.
 - Section H: Provide your parent(s) estimated 2026 income.

SUBMITTING THIS FORM

- Submit a copy of student and parent(s) 2024 **SIGNED** Tax Return or Tax Return
- Transcript. Ensure the form is complete and the required documentation is attached.
- Return the form and required documentation to our office.
- Allow 6-8 weeks for our office to review your form.**

Return this completed form with any required documentation to:

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/JF_FA_FormUpload/.



SECTION B: CERTIFICATION

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. **Electronic signatures are not accepted.**

Student Signature

Date

Parent Signature

Date

SECTION C: PERSONAL STATEMENT

Please provide a written statement in the space given below explaining the changes in your financial situation.

SECTION D: HOUSEHOLD INFORMATION

Complete the following, listing all individuals who will remain in the household for the 2026-2027 school year.

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

SECTION E: CONDITIONS RELATED TO INCOME

Please check the boxes that apply to you **AND** attach the required documentation.

- A. My student/parent income for 2024 includes an income that is typically only received once. Thus, my 2024 income is not reflective of the income I expect to receive in 2026. [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 and proof of current household income for the last 3 months.

- B. I submitted my FAFSA and, afterwards, my parent(s) died.

Documentation required: A copy of the death certificate or obituary and proof of current household income for the last 3 months.

- C. My student/parent income in 2024 does not represent my expected 2026 income due to health problems in 2026 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 and proof of current household income for the last 3 months.

- D. My student/parent 2024 income as reported on the FAFSA will not be reflective of the income that I expect to receive in 2026 due to a loss of job resulting in unemployment for at least 10 **consecutive** weeks in 2026. Employment must have been for at least 30 weeks in 2024.

Documentation required: A letter from the former employer. Hire and termination dates must be included and proof of current household income for the last 3 months.

- E. My parents, whose information was used on the FAFSA, have divorced or separated.

Documentation required: A copy of the divorce decree, stating the date of divorce, or a verifiable letter from your attorney, counselor, clergyman, doctor, or other professional, stating the date of separation and proof of current household income for the last 3 months.

SECTION F: CONDITIONS RELATED TO EXTRAORDINARY EXPENSES

Please check the boxes that apply to you **AND** attach the required documentation.

- F. My parents paid elementary or secondary school tuition in the CALENDAR YEAR 2024.

Documentation required: A statement from the school or copies of cancelled checks showing the DATE and AMOUNT paid in the calendar year 2024 for TUITION ONLY. Book rental, uniforms, club fees, deposits, etc. will not be used.

- G. I and/or my parents incurred non-reimbursed medical, dental or nursing home expenses in 2024 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 2024.

SECTION G: STUDENT INCOME INFORMATION FOR THE YEAR 2024

STUDENT COMPLETING COLUMNS A & B

- If you selected one or more of Conditions A through G in Section E, provide your actual and estimated 2026 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 12/31/26, please provide actual yearly totals (from 1/1/26 through 12/31/26) in Column A only.
- DO NOT** include any income in Column B that is already accounted for in Column A.
- DO NOT** leave any lines blank.
- If an amount is zero, indicate with a "\$0."

	COLUMN A Gross Income received (1/1/26 – today)	COLUMN B Estimated Gross Income expected after today (today – 12/31/26)
Student'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	\$ _____	\$ _____
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.	\$ _____	\$ _____

SECTION H: PARENTAL INCOME INFORMATION FOR THE YEAR 2024

PARENT(S) COMPLETING COLUMNS A & B

- If you selected one or more of Conditions A through G in Section E, provide your actual and estimated 2026 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 12/31/26, please provide actual yearly totals (from 1/1/26 through 12/31/26) in Column A only.
- DO NOT** include any income in Column B that is already accounted for in Column A.
- DO NOT** leave any lines blank.
- If an amount is zero, indicate with a "\$0."

	COLUMN A Gross Income received (1/1/26 – today)	COLUMN B Estimated Gross Income expected after today (today – 12/31/26)
Parent 1's (father/mother/stepparent) wages, salaries, tips	\$ _____	\$ _____
Parent 2's (father/mother/stepparent) 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.	\$ _____	\$ _____
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.	\$ _____	\$ _____