

2023-2024 SPECIAL CIRCUMSTANCES REQUEST FORM

FIRST NA	AME	LAST NAME	STUDENT ID		
INSTRUCT	IONS:				
According to federal laws and regulations, a family's 2021 income is used to assess financial need for the 2023-2024 school year. However, if a family's expected 2022 income is lower, due to special circumstances, a financial aid administrator, under professional judgment, may be able to use the 2022 or 2023 estimated income to assess financial need. Students who transfer from one school to another must understand that professional judgment decisions DO NOT transfer from one school to another. The federal system will use the original "base year" data and our office, by regulation, cannot accept another school's decision. Making a request does not ensure the request will be approved. Please provide information regarding your reduction in income by completing this form and providing the requested documentation. We can only substitute the 2021-year income with income received during 2022 or 2023.					
	,		due to special circumstances:		
	ther/Step- ther	☐ Mother/Step- ☐ mother	Student/Self		
All applica	nts MUST include the	following. A Professional Jud	dgment will not be considered until all		
required de	ocuments are provide	d.			
2. Wr me 3. Att 4. Att	ite a detailed letter exeting one of the specif ach W-2's for 2021 & ach signed Federal Ta ars/your spouse's and,	ied criteria listed below, sigr 2022, including yours/yours x Return and all filed Sched or parent's.	inancial circumstances have changed, n, and date letter.		
You MUST present your completed special circumstance form and all required documentation to the Financial Aid Office. Financial Aid Director responds to all requests in writing within 10 school days from the receipt of your request. All documentation must be received for special circumstance request to be reviewed or considered.					
Please indicate the reason for your parent's (if dependent) and/or your spouse's (if independent) change in income. Place an X next to each item that applies and attach the required documentation.					
		k. Provide proper documenta om employer stating effectiv	ation. ve date and anticipated return.		

It is the policy of Galveston College to provide equal opportunities without regard to age, race color, religion, national origin, gender, disability, genetic information, or veteran status.



	Plant Closing. Provide a letter from employer stating effective date.				
	,				
	provide documentation from your local unemployment office.				
	Disability. Date of disability (m/d/yr) Attach documentation of the				
	1 1				
	Alimony. Provide court document(s) stating termination date of benefit.				
	Unemployment. Provide a letter from the unemployment office stating termination date of benefit.				
	Loss of untaxed income. Provide proper documentation.				
	Child Support. Provide a Letter or court document stating termination date of benefits.				
	Worker's Compensation. Provide a letter from Bureau of Worker's Compensation stating termination date of benefits				
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	Special Circumstances: Place an X next to each item that apply and attach the required nentation.				
Decre	ase to the Adjusted Gross Income:				
	Medical or dental expenses you, your spouse or your parents have PAID for the 2021 or 2022 calendar year that are not covered by insurance and these expenses exceeds 11% of your total income. Provide a copy of Schedule A of 2021 or 2022 Federal tax return(s) or copies of canceled checks for 2021 or 2022 and confirmation of total amount paid by insurance in 2021 or 2022. Nursing home expenses for household family members paid out of pocket and NOT covered by health insurance or reimbursed by a third party. Provide documentation of expenses PAID for 2021 or 2022. Conversion of a regular IRA into a Roth IRA for the 2021 or 2022 tax year. Provide proper documentation.				
Chang	ges to the Number in College:				
	Parents can be included in the number in college if they are enrolled at least half-time (6 hours) in a degree, certificate, or other program leading to a recognized educational credential at an institution with a program participation agreement under section 487, 34 CFR 668.14. They must be enrolled during the 2023-2024 academic year. Provide a Verification of Enrollment from the Registrar's or Admission's Office of the institute your parent(s) attend				



Separation/Divorce or Death:

(Only complete this section if this occurred since completing the 2023-2024 FAFSA or you and your spouse or your parents filed a joint tax return.)

Separation from Spouse or Separation of Parents. Date of Separation:	
Physical Address of each person involved in the separation:	
A. Person #1-Name and Address:	
B. Person #2-Name and Address:	
Attach any legal documents/letters relating to the separation.	
Divorce-Attach final divorce decree.	
Death of a parent or spouse. Attach a copy of the death certificate or obituary.	

2022 YEAR-TO-DATE INCOME CALCULATION

Please list your/your spouse's and/or parent's, if applicable, year-to-date income received from January 1, 2022 through December 31, 2022. (Attach your/your spouses and/or parent's 2022 Federal Tax Return Transcript and 2022 Wage and Income Transcript.)

	Parent's		Student and/or Spouse	
Year:	2022	2023 (Estimated)	2022	2023 (Estimated)
Earnings from work (Salary, Wages and Tips):	\$	\$	\$	\$
Unemployment Benefits:	\$	\$	\$	\$
Worker's Compensation:	\$	\$	\$	\$
IRA/Pension Distributions:	\$	\$	\$	\$
Welfare Benefits (TANF but not food stamps):	\$	\$	\$	\$
Child Support Received:	\$	\$	\$	\$
Alimony:	\$	\$	\$	\$
Other Taxed Income (Dividend Interest, Business Income, etc.):	\$	\$	\$	\$
Other Untaxed Income (Veterans Non- education Benefits, Death Pensions, Money received from friends/family, etc.):	\$	\$	\$	\$
Total Income:	\$	\$	\$	\$



Report all income you have actually received from January 1, 2022 through December 31, 2022.

<u>YOU MUST ATTACH DOCUMENTATION OF ALL INCOME</u>. Failure to provide documentation to validate the change in your household financial situation will result in the denial of the special circumstance request.

My signature below certifies that the information provided above is true. I agree to provide proof of the information if requested. I understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both. I understand that this information is for the 2023-2024 academic year.

I also understand the financial aid administrator will make a decision based upon the documentation provided and that the decision is final and cannot be appealed to any agency, including the U. S. Department of Education.

Parent's Signatu	ure (dependent)	Date			
Student Signatu	re (independent)	Date			
For Office Use Only					
Accepted per professional judgement based on submitted documentation					
	Denied per professional judgment based on submitted documentation				
Comments					
	2022/2022 A CI	2000/2000 T	: 1 2000/000011		
Student	2022/2023 AGI	2022/2023 Taxes Pa	id 2022/2023 Untaxed Income		
Parent(s)	2022/2023 AGI	2022/2023 Taxes Pa	id 2022/2023 Untaxed Income		
ISIR Trans#	Old EFC	New EFC			
Signature of Financial Aid Professional Date					