



# PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

## PRAIRIE VIEW A&M UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 2009-2010 SPECIAL CIRCUMSTANCES APPLICATION

**Complete the application, provide signed copies of both your taxes and/or your parent(s) 2008 tax returns; complete a Verification Form; and return all documentation to the Office of Student Financial Aid.**

Student's Name \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_ Student ID: \_\_\_\_\_

Local Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Loss or reduction of income from work: Please check the circumstance which best applies to your situation and complete the Income Worksheet on page 4 of this form.

**Independent Students: Must submit signed copies of your 2008 tax return with this application.**

**Dependent Students: Must submit signed copies of both your 2008 tax return and your parent(s) with this application.**

	<b>Special Circumstance</b>	<b>Instructions</b>
___	<b>Termination</b>	Provide an official letter from employer stating the effective date of termination. In addition, please provide official documentation of earnings to date with this application (final pay stub, employer's statement, severance pay documentation.)
___	<b>Disability</b>	Attach medical documentation of disability and the effective date. In addition, you must provide official documentation of earnings to date with this application (final pay stub, employer's statement, etc.).
___	<b>Layoff</b>	Provide an official letter from employer stating the effective date. In addition, you must provide official documentation of earnings to date with this application (final pay stub, employer's statement, severance pay documentation, etc.)

— **Reduced Employment** Provide an official letter from employer stating the effective employment date. In addition, please provide official documentation of earnings to date with this application (final pay stub, employer's statement, etc.). **Note:** Quitting your job or reducing your hours to attend school is not considered a special circumstance.

— **Divorce/ Separation** Since applying for financial aid, you and your spouse (I) or your parent's (D) have become divorced or separated. Provide legal documentation containing the date of the divorce or separation, copy(ies) of 2008 W-2(s) and a signed copy of 2008 federal tax return.

— **Death of a Spouse/Parent** Complete the Income Worksheet on page 3 of this form. Since applying for financial aid, your spouse (I) or a parent (D) is no longer living. Provide documentation of the date of death, copy(ies) of 2008 W-2 (s) and a signed copy of 2008 federal tax return.

— **One-Time Income** Complete the Income Worksheet on page 3 of this form. In 2008, you and your spouse (I) or your parents (D) received a one-time source of income such as: inheritance, moving expense allowance, back-year social security payments, severance pay package, IRA distribution, etc. Provide a signed copy of 2008 tax return indicating moving expenses, IRA distribution, etc., or documentation from the Social Security Administration for back-year payments. **Note:** Winnings from gambling are not considered a special circumstance.

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List the one-time source of income

— **Elementary/ Secondary Education and Adult Care Expenses** Provide documentation for each family member you included in your family size on your application for financial aid for whom you (I) or your parents (D) paid tuition/fees for private elementary/secondary education, or adult care expenses. Documentation required: Signed 2008 tax return (to verify dependents) and receipts for tuition or adult care payments made in 2008.

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Family Member Name	Relationship to Student
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— **Include Parents in the Number in College (Dependent Students Only)** Your parents can not automatically be included in the number in college. If your parents are pursuing an undergraduate or graduate degree, an adjustment to your financial aid application can be made. Provide a signed copy of parent's degree plan from the school or university they are attending or a copy of their academic transcript.

— **Unusually High Medical/Dental Expenses** **Note:** Medical/dental expenses up to 11% of the family's total income are already taken into account by the Federal Needs Analysis Formula when determining financial aid eligibility. Therefore, *only the portion of expenses which exceed 11% will be considered an unusual circumstance*. If you or your spouse (I) or your parents (D) itemized medical/dental expenses in 2008, provide a signed copy of the 2008 tax return, including Schedule A. If medical/dental expenses were not itemized in 2008, provide receipts of medical/dental expenses paid in 2008 and prepare a Schedule A using that information. List below the family member for whom medical/dental expenses were incurred in 2008:

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Family Member Name	Relationship to Student
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### SUMMARY OF SPECIAL CIRCUMSTANCES

Please summarize your special circumstances. Should you desire to do so, you may attach additional pages this document.

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## 2009 Income Worksheet

**Do not leave any blanks – worksheet must be completed**

<b>Source: You must provide documentation of all sources of income, e.g. last pay stub, statement from employer, Social Security Statement, etc.</b>	Actual 1/1/2008 – Today	Estimated Today - 12/31/2009	Total Actual + Estimate
Estimated 2009 income earned from work by student	\$	\$	\$
Expected 2009 income earned from work by spouse (I)			
Expected 2009 income earned from work by father (D)			
Expected 2009 income earned from work by mother (D)			
Other taxable income: Include dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.			
Social Security Benefits			
Temporary Assistance to Needy Families			
Child Support			
Other untaxed income: welfare benefits, earned income credit, etc.			
<b>Total Estimated 2009 INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Certification:** I (we) certify that the information provided on this form, and the accompanying documentation, is true and complete to the best of my (our) knowledge. I (we) agree to provide proof of the information that I (we) have given on this form if requested by the Office of Student Financial Aid. If I (we) do not provide the requested documentation, my Special Circumstances Application will not be processed.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For office use only:**

Prior year special circumstances: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Circle One:**

Special Circumstances Approved

Special Circumstances Denied

Comments: