

Please complete this form using blue or black ink

(Page 1)

Student Name: _____

Last Name

First Name/MI

ID Number

Phone Number

To request 2021 income be used to determine your financial aid eligibility, provide a statement (see page 3) explaining the extenuating circumstances, attach all required documentation (see page 2), sign, date and submit to TBCC's financial aid office. Only circumstances beyond a person's control will be considered.

Section A: Indicate below the type of circumstance(s) that describes your situation and attach appropriate documentation. For a list of documentation required and descriptions, please refer to page 2 of this form.

- | | |
|---|---|
| <input type="checkbox"/> Unemployment or change in employment | <input type="checkbox"/> Loss or reduction of child support or other benefits |
| <input type="checkbox"/> Separation or divorce | <input type="checkbox"/> Unusual debt or expenses 2020 or 2021 |
| <input type="checkbox"/> Death (parent or spouse) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disability | |

Section B:

Independent Student –

- ✓ Provide anticipated income and financial resource information for you and your spouse (if married) from January 1, 2021 through December 31, 2021.

Dependent Student –

- ✓ Provide anticipated income and financial resource information for you and your parent(s) from January 1, 2021 through December 31, 2021.

	You	Spouse	Mother (Step)	Father (Step)
Wages, Salaries, Tips (income from work)	_____	_____	_____	_____
Unemployment Compensation	_____	_____	_____	_____
AFDC/ADC/TANF	_____	_____	_____	_____
Taxable Social Security Benefits	_____	_____	_____	_____
Child Support Received	_____	_____	_____	_____
Child Support Paid – To Whom _____	_____	_____	_____	_____
Alimony	_____	_____	_____	_____
Other taxable income (specify) _____	_____	_____	_____	_____

Section C: On a separate sheet of paper, please provide a detailed explanation of your current situation.

Certification:

Each person signing below certifies the information provided on this form is true and correct and are aware incorrect information may adversely affect student's future financial aid funding.

Student Signature _____
Date

Spouse Signature (If applicable) _____
Date

Parent Signature *(If applicable. Must be the parent providing the statement above) _____
Date

2021-2022 Change in Financial Situation Guidelines

Circumstance	Condition	Required Documentation
Unemployment Or Change In Employment	You, your spouse, or your parent(s) earned money in 2019 and are no longer working full-time.	<ul style="list-style-type: none"> • IRS Tax Transcript for tax year 2019 • Most recent pay stub reflecting Year-To-Date (YTD) earnings. • Unemployment benefits received YTD (account summary). • Termination/Layoff letter from employer. • Any other taxed and/or untaxed income (i.e., child support, severance pay, retirement, IRA/Pension distribution(s), etc.) as applicable.
Separation Or Divorce	You or your parents have separated or divorced after the submission of your 2021-2022 FAFSA.	<ul style="list-style-type: none"> • Statement of separation with date of occurrence and proof of separate residences <u>OR</u> divorce decree. • 2019 IRS Tax Transcript • 2019 IRS Wage & Income Transcript, copies of 1099(s), to determine separation of income.
Death	Death of student's parent(s) or spouse who worked in 2019.	<ul style="list-style-type: none"> • Death Certificate <u>OR</u> Obituary notice. • 2019 IRS Tax Transcript • 2019 IRS Wage & Income Transcript, copies of 1099(s), to determine separation of income.
Disability	You, your spouse, or your parent(s) earned income in 2019 and now are unable to earn income due to a documented disability	<ul style="list-style-type: none"> • 2019 IRS Tax Transcript • Statement of Disability. • Disability Benefits received YTD. • Most recent paystub reflecting YTD earnings prior to disability. • Any other taxed and/or untaxed income (i.e., child support, severance pay, retirement, IRA/Pension distribution(s), etc.) as applicable.
Loss or Reduction of Child Support or Other Benefits	You, your spouse or your parent(s), who received child support or other benefits, had a reduction or termination of these benefits since 2019 (such as child support, disability, unemployment, etc.)	<ul style="list-style-type: none"> • 2019 IRS Tax Transcript • Documentation identifying type of income or benefit and amount received in 2019. • Documentation showing reason and date of termination or reduction.
Unusual Debt or Expenses Since 2019	You, your spouse or your parent(s) incurred unusually high debt or expense since 2019 due to a circumstance such as significant medical/dental out of pocket expenses not covered by insurance that has created financial hardship.	<ul style="list-style-type: none"> • 2019 IRS Tax Transcript • Cancelled checks or receipts documenting unusually high expenses resulting in financial hardship. <p>For Medical/Dental Expenses</p> <ul style="list-style-type: none"> • Cancelled checks or receipts identifying payments made for Un-reimbursed medical/dental expenses for 2019 or 2020. • Explanation of Benefits from insurance, if insured.
Other	You, your spouse or your parent(s), have an extenuating circumstance which caused a reduction of income since 2019, not listed above.	<ul style="list-style-type: none"> • 2019 IRS Tax Transcript • Detailed explanation of circumstances. • Documentation that supports your explanation which includes dates, dollar amounts and reason for action up to YTD.

*Financial aid eligibility can only be adjusted if the parent(s) experiencing the circumstance is/are the parent(s) reported on the student's 2021-2022 FAFSA.

