



# HOWARD COLLEGE – OFFICE OF FINANCIAL AID

## SPECIAL CIRCUMSTANCES APPLICATION 2020-2021

**APPLICANT** \_\_\_\_\_ **STUDENT ID #** \_\_\_\_\_

This form may be used for the 2020-2021 school year if you or your spouse (independent students), or parents' (not student's) financial situation has significantly changed for the worse. *Examples: significant loss of income/loss of employment, loss of untaxed income/benefits (e.g. disability, child support, or other benefits), excessive medical expenses (not covered by insurance), death of the household member who was providing financial support, other special circumstances not listed.*

**REQUIRED:** Please provide as much information as possible below regarding the special circumstance (use back of this form or attach additional information as needed).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You must provide a copy of your 2018 Tax Return Transcript or signed 2018 Tax Return if one was filed.

Before an adjustment can be made to your status, you must provide complete information regarding your estimates of the change in financial situation for you, your spouse, or your parents. Please provide the best possible estimates for the period January 1, 2020 to December 31, 2020. You may attach statements from employers, including your last date of employment and total year to date earnings (Statement of Earned Income for 2020).

<b>Estimated Taxable Income for 2020</b>	<b>You/Your Spouse</b>	<b>Your Parents</b>
How much you/your father will earn from work?	\$ _____	\$ _____
How much your spouse/your mother will earn from work?	\$ _____	\$ _____
How much you/your spouse/your parents will receive in unemployment benefits?	\$ _____	\$ _____
How much you/your spouse/your parents will have in other taxable income? (i.e. interest or dividends, etc.)	\$ _____	\$ _____
<b>Total Estimated Taxable 2020 Income</b>	\$ _____	\$ _____

<b>Estimated Untaxed Income and Benefits for 2020:</b>	<b>You/Your Spouse</b>	<b>Your Parents</b>
Social Security Benefits	\$ _____	\$ _____
Aid for Families with Dependent Children (AFDC or ADC)	\$ _____	\$ _____
Other untaxed income and benefits (i.e. child support, workers comp., etc.)	\$ _____	\$ _____
<b>Total Estimated 2020 Untaxed Income and Benefits</b>	\$ _____	\$ _____

<b>Estimated Amount of Unusual Expenses that will be paid in 2020</b>	<b>You/Your Spouse</b>	<b>Your Parents</b>
Expense Type _____	\$ _____	\$ _____
Expense Type _____	\$ _____	\$ _____
<b>Less (-) Amount Paid by Insurance</b>	\$ _____	\$ _____
<b>Net Estimated 2020 Unusual Expenses (total expenses less insurance)</b>	\$ _____	\$ _____

**Certification** All information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, the student may not be processed for financial aid.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Signature

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Father Signature

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse Signature

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mother Signature

**Office Use Only:** Action Taken \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ FAO Initials \_\_\_\_\_