

2024-2025 Special Circumstances

Loss or Reduc	ction of Income/Benefits
Student information:	
Name:	TCC ID#
Aid (FAFSA). Occasionally, you or your parents may have	22 income as reported on the Free Application for Federal Student experienced a significant change in income or benefits. This form aluation of the data used to complete the 2024-2025 FAFSA.
Circumstances that can be reviewed under a	change of income or benefits (Check all that Apply)
 □ Loss or termination of a job □ Reduction of working hours, salary, or hourly wa □ Loss of unemployment compensation □ Loss or reduction of child support □ Loss or reduction of Social Security benefits 	iges
Circumstances that are not considered for a	loss or reduction of income/benefits
 Loss of overtime pay Increased expenses (See SAI Adjustments Request A student whose SAI is zero 	
Important Information A completed 2024-2025 FAFSA with a valid SAI m Incomplete applications will be returned without Applications will be processed in date order Turnaround can take up to 3 weeks (4 weeks duri Check your myTCC email address for results or re-	processing ing peak time)
supporting documentation where applicable. I understan	e and complete to the best of my knowledge, and I have provided all d that submission of this form does not guarantee a change in the SAI. I rvices should my status change after the submission of this application.
· · · · · · · · · · · · · · · · · · ·	nefits or changes of status may result in a denial of future special
Student's Signature:	Date:
Parent's Signature:	Date:
Required	Documentation
☐ Formal letter from the student detailing one of the	approved circumstances listed above
 Parents can submit a supplement letter, but the in 	itial letter should be from the student
☐ Copy of student's (and/or parent(s) if dependent) 20	22 IRS tax return transcript or IRS non-filers statement
·	ndent), after Feb. 2024, we may require the 2023 Tax Returns and W-2s I parent 2 (if dependent); or student and spouse (if independent)

☐ Additional required documents listed under the special circumstance, you indicated above ☐ Complete Verification of Household (See Page 2)

☐ Additional information requested from you by SFAS

Verification of Household

- · List yourself
- List your Spouse and/or your Dependents (if applicable)
- **For Dependent Students**: List your parent(s). In case of separation/divorce, list the parent whom you have received the most financial support during the past 12 months. If this parent is remarried, you must include your stepparent.
- For Dependent Students: List your parent(s) other children if (a) they will receive more than half of their support from your parents from July 1, 2024, through June 30, 2025, or (b) they would be required to provide parental information when completing a 2024-2025 FAFSA. DO NOT include siblings who are in U.S. military service.
- Include the name of the college for any household member who will be enrolled, at least half-time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2024, and June 30, 2025.

NAME:	Age	Relationship to Student	Name of College
		Self	TCC

If more space is ne	eded for household members, pleas	e attach a separate page w	ith your name and TCC ID# at the top.		
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Who experienced the Loss/Reduction of Income/Benefits?					
☐ Self	☐ Spouse	☐ Parent 1	☐ Parent 2		
Loss of Job/Termir	Date				
 Termination/Resignation letter from the previous employer If terminated, benefit statement from Workforce Commission Proof of income received up to 1 year after loss for all applicable family members: Documentation can include the following: Last tax return filed (for example 2022, 2023, or 2024) Last W-2 you received or wage and income statement from IRS Last paycheck stub received with YTD income (should reflect the date above) Non-filer statement from IRS if you did not or will not file taxes 					
Mandatory Reducti	ion of Hours		Date		
 Documentation can Multiple Year Ta Most Current pa 	ived before and after the mandat	adjusted gross income (20 ge of hours per pay period	•		
Loss of Child Suppo	rt/Other Benefits for N	/linor Child	Date		
Detail information in	a formal letter. Include the name	of the child, the benefit l	ost, and the reason for the loss		
(SFAS Use Only)					
Action TakenDate					