

2025-2026 Special Circumstances

	ction of Income/Benefits
Student information: Name:	TCC ID#
Aid (FAFSA). Occasionally, you or your parents may ha	23 income as reported on the Free Application for Federal Student ave experienced a significant change in income or benefits. This re-evaluation of the data used to complete the 2025-2026 FAFSA.
Circumstances that can be reviewed under a 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	change of income or benefits (Check all that Apply) ges
 Circumstances that are not considered for a Loss of overtime pay Increased expenses (See SAI Adjustments Request) A student whose SAI is zero or less than 	
Important Information A completed 2025-2026 FAFSA with a valid SAI median 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 recommendations.	processing ng peak time)
supporting documentation where applicable. I understan addition, I am required to notify Student Financial Aid Ser	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 vices should my status change after the submission of this application. refits or changes of status may result in a denial of future special seived.
Student's Signature:	Date:
Parent's Signature:	Date:
Required	Documentation
· · · · · · · · · · · · · · · · · · ·	itial letter should be from the student

 $\hfill \square$ Additional required documents listed under the special circumstance, you indicated above

☐ Complete Verification of Household (See Page 2)

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, 2025, through June 30, 2026, or (b) they would be required to provide parental information when completing a 2025-2026 FAFSA. DO NOT include siblings who are in U.S. military service.

NAME:	Age	Relationship to Student	Name of College
		Self	TCC

If more space is nee	eded for household members, please a	ttach a separate page w	ith your name and TCC ID# at the top.
Who experienced t	he Loss/Reduction of In	come/Benefits?	?
☐ Self	☐ Spouse	☐ Parent 1	☐ Parent 2
Loss of Job/Termin	ation/Wage Reduction		Date
 If terminated, benefit Proof of income recei Documentation can in Last tax return fi Last W-2 you rec Last paycheck st 	tion letter from the previous employ statement from Workforce Commitved up to 1 year after loss for all appropriate the following: led (for example 2023, 2024, or 2020) delived or wage and income statement in the received with YTD income (should not from IRS if you did not or will not the statement of the received with YTD income (should not from IRS if you did not or will not the statement of the received with YTD income (should not from IRS if you did not or will not the statement of the received with YTD income (should not from IRS if you did not or will not the statement of the received with YTD income (should not from IRS if you did not or will not the received with YTD income (should not from IRS if you did not or will not the received with YTD income (should not from IRS if you did not or will not the received with YTD income (should not from IRS if you did not or will not the received with YTD income (should not from IRS if you did not or will not the received with YTD income (should not from IRS if you did not or will not the received with YTD income (should not from IRS if you did not or will not the received with YTD income (should not from IRS if you did not or will not the received with YTD income (should not from IRS if you did not or will not the received with YTD income (should not from IRS if you did not from IRS if you did not or will not the received with YTD income (should not from IRS if you did not y	ssion plicable family membe 5) nt from IRS ld reflect the date abov	Indicate the Year
landatory Reducti	on of Hours		Date
 Documentation can in Multiple Year Ta Most Current pa 	ved before and after the mandatory	usted gross income (20 of hours per pay period	•
oss of Child Suppor	rt/Other Benefits for Mi	nor 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)			