

**Before you submit your special circumstance form, make sure you have done the following:**

 Submitted a signed copy of your 2018 **and** 2019 Federal Tax Returns **OR** Tax Return Transcripts\*. Including all schedules.

 Submitted copies of your 2018 **and** 2019 W-2 Forms.

\_\_\_\_\_Submitted a signed copy of your Parent’s 2018 **and** 2019 Federal Tax Returns or Tax

 Return Transcripts\*. Including all schedules.

\_\_\_\_\_Submitted copies of your Parent’s 2018 **and** 2019 W-2 Forms.

 All required signatures are on the form.

 All required documentation to support your change is included.

**\*To request an** IRS Tax Return Transcript**: You may order on line at** <https://www.irs.gov/>**, click on “Get Your Tax Records”. Follow site instructions to get appropriate documents. You can also phone 1-800-908-9946 to request a tax transcript**

**IF YOUR FORM IS INCOMPLETE IT WILL BE RETURNED TO YOU WITH NO ACTION TAKEN!**

Return this form **with** the required documentation to:

### Tompkins Cortland Community College Financial Aid Office

### P.O. Box 139, 170 North Street| Dryden, New York 13053-0139

### Phone: 607.844.6580 | Toll Free: 888.567.8211 |

###  Email: aid@tompkinscortland.edu  | Fax: 607.844.6538



Tompkins Cortland Community College Financial Aid Office

170 North Street, PO Box 139

Dryden, NY 13053-0139

Phone (607) 844-6580 FAX 607) 844-6538

## 2020-2021 SPECIAL CIRCUMSTANCE FORM

Student Name Student ID #

Current Address: Street City State Zip Code

Phone #

Email Address **@mymail.tc3.edu**

INSTRUCTIONS: Read through reasons below and check all boxes that apply to your situation in Section A, and attach appropriate documentation: Complete Section B,D, and E. **Send Signed Copies of 2018 FEDERALTAX RETURN OR TAX TRANSCRIPTS and W-2’S FOR THE STUDENT (if dependent) AND PARENT – OR STUDENT AND SPOUSE (if married).**

##

**SECTION A:** SPECIAL CIRCUMSTANCE (Please check your Special Circumstance)

### \_\_\_Loss/ Change of Employment - Please submit:

* + Copy of last pay stub showing year-to-date earnings.
	+ Termination notice from employer on letterhead.
	+ A current notice from Unemployment.

### \_\_\_Separation or Divorce - Please submit:

* + A copy of the divorce decree or separation agreement, or a signed statement including the date that the separation occurred along with proof of separate addresses.

**\_\_\_Loss of Taxable/Untaxed Income (such as child support, social security, alimony, etc.) Please submit:**

* + Documentation from agency stating total amount received in 2018.
	+ Documentation of termination date.
	+ Documentation of updated 2019 amount.

### \_\_\_Death of Parent or Spouse - Please submit:

* + A copy of the death certificate

### \_\_\_Medical/Dental Expense (expenses paid in calendar year 2018 not covered by insurance)

###  Please submit:

* + Receipts of medical bills **paid** in 2018 that exceeded 11% of your 2018 adjusted gross income.

**SECTION B: HOUSEHOLD INFORMATION – LIST ALL MEMBERS INCLUDED IN YOUR HOUSEHOLD**

NAME RELATIONSHIP AGE NAME OF COLLEGE (if enrolled)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Self Tompkins Cortland Community College 2.

3.

4.

5.

### SECTION C: Non-Filing Tax Statement

**Complete this section ONLY if you will not and are not required to file a 2018 income tax return. If you received a 2018 W-2, provide a copy with this form.**

Student's signature Date Student's Spouse's signature Date

Father's/Stepfather's signature Date Mother's/Stepmother's signature Date

### SECTION D: EXPLANATION OF SPECIAL CIRCUMSTANCE (attach a separate sheet if needed) Please print.

**SECTION E: STATEMENT OF CERTIFICATION**

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. All special circumstance forms are reviewed on a case-by-case basis and you will be notified by mail of the committee’s decision.

Student's signature Date

Student's Spouse's signature (if applicable) Date

Parent's signature (if student is dependent) Date

## FOR OFFICE USE ONLY:

|  |  |  |  |
| --- | --- | --- | --- |
| Prior Year Special Circumstance? | Yes | No |  |
| Special Circumstance Approved: | Yes | No | Old EFC  |
| Special Circumstance Denied: | Yes | No | New EFC  |
| Sent Letter: Approved by: Date  |