

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

_____ Submitted a signed copy of your 2019 **and** 2020 Federal Tax Returns **OR** Tax Return Transcripts*. Including all schedules.

_____ Submitted copies of your 2019 **and** 2020 W-2 Forms.

_____ Submitted a signed copy of your Parent's 2019 **and** 2020 Federal Tax Returns or Tax Return Transcripts*. Including all schedules.

_____ Submitted copies of your Parent's 2019 **and** 2020 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@tompkincortland.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

2021-2022 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 2019 and 2020 FEDERAL TAX RETURN OR TAX TRANSCRIPTS and W-2'S (2019 and 2020) 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 2019.
• Documentation of termination date.
• Documentation of updated 2020 amount.

Death of Parent or Spouse - Please submit:

- A copy of the death certificate

Medical/Dental Expense (expenses paid in calendar year 2019 not covered by insurance) Please submit:

- Receipts of medical bills paid in 2019 that exceeded 11% of your 2019 adjusted gross income.

SECTION B: HOUSEHOLD INFORMATION - LIST ALL MEMBERS INCLUDED IN YOUR HOUSEHOLD

Table with 4 columns: NAME, RELATIONSHIP, AGE, NAME OF COLLEGE (if enrolled). Row 1: Self, Tompkins Cortland Community College.

SECTION C: Non-Filing Tax Statement

Complete this section ONLY if you will not and are not required to file a 2019 income tax return. If you received a 2019 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. *** **All uploaded documents must be hand-signed by the student and parent (if required). Forms and documents submitted with digital signatures will not be accepted.** ***

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 _____	