# 2027-2028

## Special Circumstances

## Loss or Reduction of Income/Benefits

**Student information:**

**Name:**_____ **TCC ID#**_____

Financial aid eligibility for 2027-2028 is based on the 2025 income as reported on the Free Application for Federal Student Aid (FAFSA). Occasionally, you or your parents may have experienced a significant change in income or benefits. This form allows you an opportunity to request a review of a re-evaluation of the data used to complete the 2027-2028 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 wages
- ☐ Loss of unemployment compensation
- ☐ Loss or reduction of child support
- ☐ Loss or reduction of Social Security benefits

### 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 or less than

### Important Information

- **A completed 2027-2028 FAFSA with a valid SAI must be on file with TCC**
- **Incomplete applications will be returned without processing**
- **Applications will be processed in date order**
- **Turnaround can take up to 3 weeks (4 weeks during peak time)**
- **Check your myTCC email address for results or requests for additional information/documentation**

### Certification:

I certify that the information provided on this form is true and complete to the best of my knowledge, and I have provided all supporting documentation where applicable. I understand that submission of this form does not guarantee a change in the SAI. In addition, I am required to notify Student Financial Aid Services should my status change after the submission of this application. I further understand that failure to report any income/benefits or changes of status may result in a denial of future special circumstances consideration and/or repayment of aid received.

**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 initial letter should be from the student
- ☐ Copy of student's (and/or parent(s) if dependent) 2025 IRS tax return transcript or IRS non-filers statement
- ☐ 2025 W-2s for student and spouse (parent(s) if dependent), after Feb. 2027, we may require the 2026 Tax Returns and W-2s
  - Required income documents include parent 1, and parent 2 (if dependent); or student and spouse (if independent)
- ☐ Additional information requested from you by SFAS
- ☐ 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, 2027, through June 30, 2028, or (b) they would be required to provide parental information when completing a 2027-2028 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 needed for household members, please attach a separate page with your name and TCC ID# at the top.***

## Who experienced the Loss/Reduction of Income/Benefits?

☐ **Self** ☐ **Spouse** ☐ **Parent 1** ☐ **Parent 2**

## Loss of Job/Termination/Wage Reduction 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:

**Indicate the Year**

**Documentation can include the following:**

- Last tax return filed (for example 2025, 2026, or 2027) _____
- 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 Reduction of Hours Date_____

☐ Letter from Employer/Company
☐ Proof of income received before and after the mandatory reduction of hours
☐ **Documentation can include:**

- Multiple Year Tax returns to show the change in adjusted gross income (2025/2026/2027)
- Most Current paycheck stubs to reflect the change of hours per pay period (must reflect the date above)
- Other documentation as requested by Student Financial Aid Services

## Loss of Child Support/Other Benefits for Minor Child Date_____

☐ Detail information in a formal letter. Include the name of the child, the benefit lost, and the reason for the loss

**(SFAS Use Only)**

Action Taken_____Date_____