2027-2028 Special Circumstances
SAI Adjustment Request

STUDENT INFORMATION:

Name:_____ **TCC ID#**_____

Your Student Aid Index (SAI) is used to determine how much financial aid you will receive and is calculated based on the information provided on the Free Application for Federal Student Aid (FAFSA) at the time of submission. Occasionally, you or your parent(s) may experience a significant change that may occur after submitting the FAFSA. This form allows you an opportunity to request a review of your FAFSA information which may impact the SAI.

Circumstances that can be reviewed for an adjustment of the SAI (Check all that Apply)

- ☐ Separation or divorce ***after*** filing the 2027-2028 FAFSA
- ☐ Death of a parent/spouse after filing the 2027-2028 FAFSA
- ☐ Unusual expenses
  - Medical/dental/nursing home care
  - Elementary/Secondary school expenses
  - Unusually high child or dependent care expenses

Circumstances that are not eligible to be reviewed for an adjustment of the SAI

- Expenses related to personal lifestyle (e.g., credit card debt, mortgage, or car payment/expenses)
- A student whose SAI is zero

Important Information

- A completed 2027-28 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

Complete and return this form with **all required documentation** to Student Financial Aid Services (SFAS)

- ☐ **Formal letter from the student detailing one of the approved circumstances listed above**
- ☐ 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/or parent(s) if dependent), after Feb. 2027, we may require the 2026 Tax Returns and W-2s
- ☐ Additional information requested from you by Student Financial Aid Services
- ☐ Additional required documents listed under the special circumstances, 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 with whom you receive the most support in 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
		Self

If more space is needed for household members, please attach a separate page with your name and TCC ID# at the top.

Separation or divorce *after* filing the FAFSA

Date of Marriage: _____/_____/ _____ **Date of Separation/Divorce:** _____/ _____/ _____

- Copy of divorce decree and/or separation statement or pending divorce decree
- Copy of 2025 tax return with W-2s for you and your spouse or, if dependent, both parents to separate income

Death of parent or spouse after filing the FAFSA

Date of Death: _____/_____/ _____

- Copy of death certificate
- Copy of 2025 tax return with W-2s for you and your spouse or, if dependent, both parents to separate income

Unusual expenses (Please check all that apply)

☐ Medical/dental/nursing home care ☐ Elementary/secondary school expenses

☐ Unusually high child or dependent care expenses ☐ Other_____

- Credit card statements, bank statements, or receipts documenting unusual expenses paid out-of-pocket during January through December 2026 for (a) elementary/secondary tuition costs, (b) medical/dental expenses that exceed 11% of your annual income and are not covered by insurance, (c) nursing home expenses not covered by insurance, or (d) unusually high dependent care expenses.
- ***Preferred: 2025 Tax Return with Schedule A to document medical/dental expenses paid out-of-pocket***

(Student Financial Aid Services Use Only)

Action Taken:_____ Date:_____