#### WEST TEXAS A&M UNIVERSITY Financial Aid WTAMU Box 60939 Canyon, TX 79016 Phone: 806-651-2055 FAX: 806-651-2924 financial@wtamu.edu

## SPECIAL CIRCUMSTANCES APPLICATION

Applicant's Name: \_\_\_\_\_ Buff ID: \_\_\_\_\_

E-Mail:

If the financial situation for you, your spouse, or your parents has significantly changed from 2018 to 2019, please complete the following:

### SPECIAL INSTRUCTIONS

- 1. Independent Students Provide information and documentation regarding you and your spouse (if applicable).
- 2. Dependent Students Provide information and documentation regarding parents.
- 3. Provide dates regarding changes, such as loss and/or reduction of employment or death of a parent or spouse.
- 4. Processing delays may occur for applicants requesting special circumstance consideration.

# NOTE: APPLICATION MUST BE COMPLETE WITH REQUIRED DOCUMENTATION.

# We regret we cannot review incomplete applications for special consideration and the application will be returned to the applicant. Please contact the Financial Aid Office for assistance if required.

A. **REQUIRED:** Please provide a brief explanation below regarding your special circumstance, including dates if applicable. Use the back of this form or attach additional information as needed. Please provide copies of letters regarding job lay off or job termination. In changes regarding income, provide complete copies of 2018 and 2019 tax returns and W2's and other income documentation.

Applicant's Name: \_\_\_\_\_

Before your status can be evaluated you must provide complete information regarding your estimates of the change in the financial situation for you, your spouse, or your parents. Please provide the best possible estimates for the period January 1, 2019 to December 31, 2019.

B.	Taxable Income for 2019 ** Attach statements or check stubs showing 2019 year-to-date earnings.	You/Your Spouse **	Your Parents
	How much you / your father earned from work.	\$	\$
	How much your spouse / your mother earned from work.	\$	\$
	How much you / your spouse / your parents received in unemployment benefits.	\$	\$
	How much you / your spouse / your parents had in other taxable income (i.e. interest, etc.).	\$	\$
	Total 2019 Income:	\$	\$
C.	Untaxed Income and Benefits for 2019	You/Your Spouse	Your Parents
	Social Security Benefits.	\$	\$
	Aid for Families with Dependent Children (AFDC or ADC)	\$	\$
	Other untaxed income and benefits (i.e. child support, workers comp, military allowance, etc.)	\$	\$
	Total 2019 Untaxed Income and Benefits:	\$	\$
D.	Amount of Unusual Expenses that were paid in 2019 ** For 2019 medical expenses – attach 2019 tax return with Schedule A For 2019 expenses – attach copies of "PAID" receipts**	You/Your Spouse	Your Parents
	Expense Type:	\$	\$
	Expense Type:	\$	\$
	Less Amount Paid by Insurance:	\$	\$
	Net 2019 Unusual Expenses (total expenses less insurance):	\$	\$

E. CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. Income Tax Return. I also realize that if I do not give proof when asked, the student's application may not be processed for financial aid. I understand my application will not be reviewed without the required documentation.

Student's Signature	Date:	Father's Signature	Date:
Spouse's Signature	_Date:	Mother's Signature	_Date:

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.

Office Use Only:	Approved/Denied	Initials
-	Approved/Denied	Initials
	Approved/Denied	Initials
	Approved/Denied	Initials

Date \_\_\_\_