

**DEADLINES:**

Academic Scholarships	March 15
Summer Financial Aid	January 15
Fall Financial Aid	January 15
Spring Only Financial Aid	September 1



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## 2020-2021 REVIEW OF SPECIAL CIRCUMSTANCES

Name \_\_\_\_\_ TWU ID Number \_\_\_\_\_

The 2020-2021 Free Application for Federal Student Aid (FAFSA) you completed used 2018 income and assets to determine your financial need for this academic year. Federal regulations allow financial aid administrators to make professional judgements in regard to students who have special circumstances that could affect their ability to pay for their education. If you and/or your family have experienced major changes in your income since filing the FAFSA, you should use this form to have your financial aid file reviewed.

Forms must be submitted at least *two weeks* before the end of the semester to allow time for the form to be processed and financial aid eligibility to be re-evaluated.

### Examples of Special Circumstances and Required Documentation:

- Divorce/Separation or death of a family member (spouse or parent, for dependent students) after filing original FAFSA  
**Required Documentation:** Separation statement indicating date of separation, divorce papers, death certificate or obituary
- Elementary or secondary school tuition in the calendar year 2018  
**Required Documentation:** A school statement showing the date and amount paid in 2018 for tuition only
- Excessive 2018 medical/dental/nursing home expenses paid by the student (or parent, for dependent students) and not covered by insurance (unpaid medical/dental/nursing home charges do not qualify)  
**Required Documentation:** Copies of receipts from 2018 for all medical/dental/nursing home payments OR  
**Required Documentation:** Letter stating 2018 charges from health care provider or nursing home not covered by insurance
- Loss of income for an extended period due to loss of job resulting in unemployment for at least 10 consecutive weeks in 2020  
**Required Documentation:** Copy of termination notice or letter from former employer stating last day of employment
- Non-taxable income (social security benefits, child support received, etc.) has been substantially reduced or eliminated for the 2020 year  
**Required Documentation:** A statement from the appropriate agency, stating the last date the benefit was paid. In cases of loss of child support, attach a copy of divorce decree indicating the date the child support ceased
- Reduction of income for an extended period of time due to returning to school or health problems  
**Required Documentation:** Letter from employer verifying, with dates, inability to work or reduction in hours
- Student/spouse or parent, for dependent students, income for 2018 that includes an income that is typically only received once  
**Required Documentation:** An official document identifying the source of income (ex. Capital gains from sale of assets, prize winnings, pension payoffs, etc.) AND  
**Required Documentation:** Personal statement explaining how the funds were spent

SPC

**Personal Statement**

Briefly explain the changes in your financial situation. Use a separate sheet, if necessary.

**Certification and Signature**

I request that my financial aid eligibility be re-evaluated due to a change in my or my family's circumstances which will significantly reduce my income and resources for this academic year. I certify that the information provided in my personal statement, attached documentation and on this form is true and complete to the best of my knowledge. I understand that additional information may be requested once the form and documentation is reviewed.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note:** This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note:** This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

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**2020 Estimated Annual Income**

Provide annual estimates of income for the period January 1, 2020 to December 31, 2020. Do not leave any lines blank. If an amount is zero or not applicable, indicate with a "\$0" or "N/A".

	<b>Student</b>	<b>Spouse/Parent 1</b>	<b>Parent 2</b>
Wages from work	\$ _____	\$ _____	\$ _____
Interest or Dividend Income	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
IRA distributions, pensions	\$ _____	\$ _____	\$ _____
Alimony received	\$ _____	\$ _____	\$ _____
Business &/or farm income/loss	\$ _____	\$ _____	\$ _____
Rental real estate, royalties, S Corp, partnerships and trusts	\$ _____	\$ _____	\$ _____
Capital gains or losses	\$ _____	\$ _____	\$ _____
Social Security Received (Taxed)	\$ _____	\$ _____	\$ _____
Payments to tax-deferred pension/savings	\$ _____	\$ _____	\$ _____
Deductible IRA & Keogh payments	\$ _____	\$ _____	\$ _____
Tax exempt interest income	\$ _____	\$ _____	\$ _____
Untaxed portions of IRA distributions or pensions	\$ _____	\$ _____	\$ _____
Housing, food and other living allowances for military, clergy and others (including cash payments and cash value of benefits). DO NOT include the value of on-base military housing or the value of a basic military allowance for housing.	\$ _____	\$ _____	\$ _____
Veteran's Non-Educational Benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____	\$ _____	\$ _____
Money received or paid on your behalf (i.e. bills)	\$ _____	\$ _____	\$ _____
Other untaxed income not reported such as Worker's compensation, disability, etc. DO NOT include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, combat pay, benefits from flexible spending arrangements, foreign income exclusion, or credit for federal tax on special fuels.	\$ _____	\$ _____	\$ _____
Child Support Paid	\$ _____	\$ _____	\$ _____
Earnings from Federal Work-Study or need-based employment (fellowships/assistantships)	\$ _____	\$ _____	\$ _____
Combat pay or special combat pay. Only enter the amount that was taxable and included in your Adjusted Gross Income.	\$ _____	\$ _____	\$ _____