



Tompkins Cortland Community College  
Financial Aid Office  
170 North Street, PO Box 139  
Dryden, NY 13053-0139  
Ph (607) 844-6580 FAX (607) 844-6538

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

- Submitted a copy of your 2015 and 2016 Federal Tax Transcripts\* or **signed** copies of Federal Tax Returns.
- Submitted copies of your 2015 and 2016 W-2 Forms.
- Submitted a copy of your Parent's 2015 and 2016 Federal Tax Transcripts or **signed** Federal Tax Returns.
- Submitted copies of your Parent's 2015 and 2016 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 [www.irs.gov](http://www.irs.gov), click on "Get Transcript for MyTax Records under tools and select online or by mail. 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!!!**



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

2017- 2018 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, C, E and F. Send Copies of 2015 FEDERAL TAX TRANSCRIPTS and W-2'S FOR THE STUDENT (if dependent) AND PARENT - OR STUDENT AND SPOUSE (if married).

IRSTAX TRANSCRIPTS MUST BE SUBMITTED WITH THIS FORM AND ALL SECTIONS NEED TO BE COMPLETED OR NO ACTION WILL BE TAKEN AND THIS FORM WILL BE RETURNED TO YOU.

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 2015.
Documentation of termination date.
Documentation of updated 2016 amount.

Death of Parent or Spouse - Please submit:

- A copy of the death certificate

Medical/Dental Expense (expenses paid in calendar year 2015 not covered by insurance)

Please submit:

- Receipts of medical bills paid in 2015 that exceeded 11% of your 2015 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.

- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**SECTION D: Non-Filing Tax Statement**

Complete this section ONLY if you will not and are not required to file a 2015 income tax return. If you received a 2015 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 E: EXPLANATION OF SPECIAL CIRCUMSTANCE (attach a separate sheet if needed) Please print.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**SECTION F: 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.

_____ 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 \_\_\_\_\_