



HOWARD COLLEGE – OFFICE OF FINANCIAL AID SPECIAL CIRCUMSTANCES APPLICATION 2017-2018

APPLICANT _____ SSN _____ - _____ - _____

A. This form may be used for the 2017-2018 school year if you or your spouse (independent students), or parents' (not student's) financial situation has significantly changed for the worse. *Examples: loss of job, loss of benefit such as social security, death of spouse or parent, or extensive medical expenses paid.* **PLEASE NOTE: If you choose to quit your job to return to school this is NOT a special circumstance.** **REQUIRED:** Please provide as much information as possible below regarding the special circumstance (use back of this form or attach additional information as needed).

B. You must provide a copy of your 2015 Tax Return Transcript if one was filed.

B. Before an adjustment can be made to your status, you must provide complete information regarding your estimates of the change in financial situation for you, your spouse, or your parents. Please provide the best possible estimates for the period January 1, 2017 to December 31, 2017. You **must** attach statements from employers, including your last date of employment and total year to date earnings (Statement of Earned Income for 2017).

Estimated Taxable Income for 2017

	You/Your Spouse	Your Parents
How much you/your father will earn from work?	\$ _____	\$ _____
How much your spouse/your mother will earn from work?	\$ _____	\$ _____
How much you/your spouse/your parents will receive in unemployment benefits?	\$ _____	\$ _____
How much you/your spouse/your parents will have in other taxable income? (i.e. interest or dividends, etc.)	\$ _____	\$ _____
Total Estimated Taxable 2017 Income	\$ _____	\$ _____

Estimated Untaxed Income and Benefits for 2017:

	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., etc.)	\$ _____	\$ _____
Total Estimated 2017 Untaxed Income and Benefits	\$ _____	\$ _____

Estimated Amount of Unusual Expenses that will be paid in 2016

	You/Your Spouse	Your Parents
Expense Type _____	\$ _____	\$ _____
Expense Type _____	\$ _____	\$ _____
Less (-) Amount Paid by Insurance	\$ _____	\$ _____
Net Estimated 2017 Unusual Expenses (total expenses less insurance)	\$ _____	\$ _____

D. **Certification** All 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 if I do not give proof when asked, the student may not be processed for financial aid.

_____ Date ___/___/___
Student Signature

_____ Date ___/___/___
Father Signature

_____ Date ___/___/___
Spouse Signature

_____ Date ___/___/___
Mother Signature

Office Use Only: Action Taken _____ Date ___/___/___	FAO Initials _____
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