

2024-2025



Special Circumstances Request

Covers Fall 2024, Spring 2025, Summer 2025

Student's Name (PRINT): _____

Phone: (_____) _____

HCC ID: _____
(9-digit number required)

Date of Birth: / /

Home Campus: _____
(Primary location of attendance)

Please review and indicate below which special circumstance applies to you. Required documentation (listed below) based on special circumstance must be submitted along with **the Household Verification Worksheet, 2022 and 2023 taxes (if 2022 taxes not linked)**, and this form to avoid delays in our ability to make a timely determination for you.

CONSIDERATIONS BEFORE SUBMITTING

1. You **must be awarded before submitting** Special Circumstance Request form.
2. Please be aware that if you filed your **2024 -2025** FAFSA and received and SAI = Zero (0), you already received the maximum in federal aid. Submitting this appeal will not result in a change to your financial aid offer.
3. If the estimated income for **2023** is approximately the same or higher (due to receiving unemployment, severance pay or other untaxed income, etc.) than the **2022** income listed on the FAFSA, submitting this appeal will not result in a change to your financial aid offer.

SPECIAL CIRCUMSTANCE		DEPENDENT STUDENT	INDEPENDENT STUDENT	REQUIRED DOCUMENTATION
<input type="radio"/>	Loss of Employment	Your or contributors/parent(s) income earned in 2023 will be less than that earned in 2022	Your (and/or your contributor/spouse's) income earned in 2023 will be less than that earned in 2022	Complete signed copies of: <ul style="list-style-type: none"> • Last pay stub showing year-to-date earnings • Termination notice from employer • Unemployment benefit notice
<input type="radio"/>	Other Loss of Income Alimony Child Support Retirement/Pension Social Security (taxed) Worker's Compensation	Your or your parent(s) received benefits in 2022 which have ceased or been reduced in 2023	Your (and/or your spouse's) received benefits in 2022 which have ceased or been reduced in 2023	Complete signed copies of: <ul style="list-style-type: none"> • Original 2022 benefit statement listing total amount received • Revised benefit statement listing updated amount to receive and effective date
<input type="radio"/>	Separation or Divorce	Your contributors/parents separated or divorced AFTER filing the FAFSA but not later than 12/21/2023	You and your contributor/spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2023	Complete signed copies of: <ul style="list-style-type: none"> • Divorce decree <i>or</i> separation agreement <i>or</i> proof of separate addresses (utility bill/lease) • 2022 W'2s (if filed joint tax return)
<input type="radio"/>	Death of Parent or Spouse	A contributor/parent died AFTER filing the FAFSA	Your contributor/spouse has died AFTER filing the FAFSA	Complete signed copies of: <ul style="list-style-type: none"> • Applicable death certificate • 2022 W'2's (if filed joint tax return)

<input type="radio"/>	Medical/Dental Expense Check this box if you paid medical expenses over 11% of your Adjusted Gross Income (AGI)	Paid 2022 medical expenses by you or your parents were over 11% of AGI	Paid 2022 medical expenses by you or your spouse were over 11% of AGI	Complete signed copies of: Proof of all paid out-of-pocket expenses for 2022
<input type="radio"/>	Other: (EX: Natural Disasters, Secondary tuition, or other unusual cost)			

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Student's Name (PRINT): _____ HCC ID: _____

Actual and Projected Income or Benefits Before we can consider any changes, you must provide the following information including the best estimate of the changes in the financial situation for yourself and/or your parents for one of the tax year listed below.

Please indicate which tax year the estimated income is being provided for:

_____ **2023 (1/1/2023 through 12/31/2023)** actual income provided by 2023 tax transcript.

_____ **2024 (1/1/2024 through 12/31/2024)** please use chart below to project earnings.

STUDENT-CONTRIBUTOR(PARENT/SPOUSE) PROJECTED INCOME FOR JANUARY 2024 to DECEMBER 2024

Type of Income/Benefit	Amount Received to date	Amount Estimated for remaining year	Total
Student's and/or contributor/spouse income from work	\$	\$	\$
Contributor/Parent(s) income from work	\$	\$	\$
Taxable interest income	\$	\$	\$
Taxable pensions/annuities	\$	\$	\$
Unemployment compensation	\$	\$	\$
Severance Pay	\$	\$	\$
Retirement Benefits	\$	\$	\$
Taxable portions of Social Security	\$	\$	\$

Alimony/Spousal Support	\$	\$	\$
Other Benefits - Type:	\$	\$	\$
Other Benefits - Type:	\$	\$	\$
Other Benefits - Type:	\$	\$	\$

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EXPLANATION OF SPECIAL CIRCUMSTANCES

Please provide a statement detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your situation.

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2. If the estimated income for **2023** is approximately the same or higher (due to receiving unemployment, severance pay or other untaxed income, etc.) than the **2022** income listed on the FAFSA, submitting this appeal will not result in a change to your financial aid offer.

CHECKLIST FOR SUBMITTING

- Required documentation (listed on page 1) based on special circumstance.

Household Verification Worksheet, 2022 (if **2022** taxes not linked) and 2023 taxes . This 4-page form to avoid delays in our ability to make a timely determination for you.

WHAT HAPPENS AFTER YOU SUBMIT

A financial aid representative will review the request and examine the supporting documentation. Based on his/her professional judgement, the request will either be approved or denied. The student will be notified in writing to their HCC email address of the decision. The review process takes approximately 4 to 6 weeks.

STATEMENT OF CERTIFICATION

I certify that the information provided here is correct to the best of my knowledge and that I have attached all appropriate documentation. Furthermore, I understand that submission of my appeal does not automatically qualify me for an increase in funds. All persons providing information must sign below.

_____	_____	_____
Student's Signature	DateContributor (Spouse's) Signature (if applicable)	Date
_____	_____	_____
Contributor (Parent) Signature	DatePrint contributor (parent) Name	

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, and gender, national origin.