

Special Circumstances Request

Covers Fall 2025, Spring 2026, Summer 2026

| Student's | s Name (PRINT): | | Phone: () | | | | |
|--------------|---------------------------|------------------|-----------|---|--------------|----------------------------------|--|
| HCC ID: | | Date of Birth: / | | / | Home Campus: | | |
| - | (9-digit number required) | | | | <u> </u> | (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 **2025 -2026** FAFSA and received and EFC = 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 2024 is approximately the same or higher (due to receiving unemployment, severance pay or other untaxed income, etc.) than the 2023 income listed on the FAFSA, submitting this appeal will not result in a change to your financial aid offer.

| SPE | CIAL CIRCUMSTANCE | DEPENDENT STUDENT | INDEPENDENT STUDENT | REQUIRED DOCUMENTATION |
|-----|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 | Loss of Employment | Your or contributors/ parent(s) income earned in 2024 will be less than that earned in 2023 | Your (and/or your contributor/spouse's) income earned in 2024 will be less than that earned in 2023 | Complete signed copies of: Last pay stub showing year-to-date earnings Termination notice from employer Unemployment benefit notice |
| 0 | Other Loss of Income Alimony Child Support Retirement/Pension Social Security (taxed) Worker's Compensation | Your or your parent(s) received benefits in 2023 which have ceased or been reduced in 2024 | Your (and/or your spouse's) received benefits in 2023 which have ceased or been reduced in 2024 | Complete signed copies of: Original 2023 benefit statement listing total amount received Revised benefit statement listing updated amount to receive and effective date |
| 0 | Separation or Divorce | Your contributors/ parents separated or divorced AFTER filing the FAFSA but not later than 12/21/2024 | You and your contributor/spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2024 | Complete signed copies of: Divorce decree or separation agreement or proof of separate addresses (utility bill/lease) 2023 W'2s (if filed joint tax return) |
| 0 | 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: Applicable death certificate 2023 W'2's (if filed joint tax return) |
| 0 | Medical/Dental Expense Check this box if you paid medical expenses over 11% of your Adjusted Gross Income (AGI) | Paid 2023 medical expenses by you or your parents were over 11% of AGI | Paid 2023 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 2023 |
| 0 | Other: (EX: Natural Disasters, Secondary tuition, or other unusual cost) | | | |

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Special Circumstances Request

| Student's N | Name (PRINT): | HCC ID: |
|--------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| | | |
| informatio | • | consider any changes, you must provide the following the financial situation for yourself and/or your parents for |
| Please indic | ate which tax year the estimated income is being | provided for: |
| : | 2023 (1/1/2023 through 12/31/2024) actual income | e provided by tax transcript. |
| | 2024 (1/1/2024 through 12/31/2025) please use ch | nart 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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| Student's Name (PRINT): | | HCC ID: | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| CONSIDERATIONS BEFORE SUBMITTING | ı | | | |
| | 1. Please be aware that if you filed your 2025 -2026 FAFSA and you already received the maximum in federal aid. Submitting this appeal will not result in a change to your financial aid offer. | | | |
| | | is approximately the same or higher (due to receiving unemployment, severance pay or the 2023 income listed on the FAFSA, submitting this appeal will not result in a change to | | |
| CHECKLIST FOR SUBMITTING | | | | |
| ☐ Required documentation (listed | d on page 1) based | l on special circumstance. | | |
| Household Verification Worksheet. 20 | 023 and 2024 taxe | s (if 2023 taxes not linked). This 4-page form to avoid delays in our | | |
| ability to make a timely determination f | or you. | | | |
| WHAT HAPPENS AFTER YOU SUBMIT | | | | |
| A financial aid representative will re professional judgement, the request | view the request will either be ap | t and examine the supporting documentation. Based on his/heproved or denied. The student will be notified in writing to these takes approximately 4 to 6 weeks. | | |
| | | | | |
| | STATEMENT O | F CERTIFICATION | | |
| · · · · · · · · · · · · · · · · · · · | nd that submissior | e best of my knowledge and that I have attached all appropriate n of my appeal does not automatically qualify me for an increase in | | |
| Student's Signature | Date | Contributor (Spouse's) Signature (if applicable) Date | | |
| Contributor (Parent) Signature | Date | Print 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.

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