

2022-2023 Special Circumstance Application

According to federal laws and regulations, a family's 2020 income is used to assess financial need for the 2022-2023 school year. If a family's 2022 income is at least 25% less than the 2020 actual income, the applicant may be eligible for consideration of special circumstances. Please provide information regarding your income reduction by completing this form. **Incomplete requests will not be processed; submission of this form does not guarantee financial aid eligibility.**

EMAIL: financial.aid@ctcd.edu

CTC ID			
Last Name			
First Name			
Middle Name			
Phone Number			
*If any of your information Eforms/Etrieve.	above needs to be updated, you must subm	it the Name or Social Security Numb	oer Change form, located in
(If you are a dep	oendent student a parent mu	st fill out this form.)	
Parent Last Name			
Parent First Name	•		
Parent Phone Nur	mber		
WARNING: If you purpo	osely give false or misleading information, y	ou may be fined, be sentenced to jail	, or both.
	FOR OFFICE	USE ONLY	
Prior year special circum	nstances: YesNo		
Special circ	cumstance denied	Old EFC	ISIR#
☐ Special circ	cumstance approved	New EFC	ISIR#
COMMENTS:			
Supervisor:		Date:	

				letter from an emplo	
total earnings, an estimate of future income, etc. If <u>no lon</u> employment. For unemployment benefits need a letter fi					
<u>December 31, 2022</u> , you will be required to file the 2022					
the 2022 IRS Tax Return Transcript (https://www.irs.gov/)					
the 2022 W-2 forms (if misplaced W-2s request an IRS Wa					le schedules) and
Taxable Income From Work	ige & inco	ille (W-2) 11	ACTUAL (1-1-22 - Present)	ESTIMATE	TOTAL (Actual + Estimate)
	(1-1-22 - 1 1 esent)	(10day - 12-31-22)	(Actual Estimate)		
Student: income earned from work (wages, salaries, net income/lo			\$	\$	\$
Spouse: income earned from work (wages, salaries, net income/lo			\$	\$	\$
Father/Stepfather : income earned from work (wages, salaries, ne business/farm)	\$	\$	\$		
Mother/Stepmother : income earned from work (wages, salaries, business/farm)	\$	\$	\$		
Other Taxable Income (AGI)	•				
Dividends and Interest Income	\$	\$	\$		
Alimony received	\$	\$	\$		
Capital gains/loss (Schedule D)	\$	S	\$		
Taxable portions of pension/annuity withdrawals	\$	\$	\$		
Income from rentals, royalties, partnerships, trusts	¢	\$	¢		
Unemployment Compensation			Ф С	Ф С	Φ Φ
Taxable portions of Social Security			\$	\$	\$
Other taxable income:			\$	\$	\$
Untaxed Income			Ψ	Ψ	Ψ
			0	0	Φ.
Child support received Veterans' benefits (Disability, Death Pension, Dependency & Inde	\$	\$	\$		
or Educational Work-Study) not including educational benefits	\$	\$	\$		
Housing Allowance (clergy only) and Food Allowance (clergy & 1	military)		\$	\$	\$
Other untaxed income (worker's comp, etc):			\$	\$	\$
Expenses					
пропосо	Child support paid				
Child support paid			\$	\$	\$
•			\$ \$	\$ \$	\$ \$
Child support paid Unexpected excessive medical expenses:	agrants and	ony ahildran/a	\$ siblings in the househousehousehousehousehouse	\$	\$ \$
Child support paid	parents and a		\$ siblings in the householip to the Student	Name	\$ s of College n at least ½ time
Child support paid Unexpected excessive medical expenses: Household Information: Start with the student then spouse/p				Name	\$ of College n at least ½ time
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Child support paid Unexpected excessive medical expenses: Household Information: Start with the student then spouse/p Full Name Please summarize your special circumstances below (if you Certification: I certify that the information provided above is true and con	a need mor	Relations The space, atta	ch a separate page) y knowledge. I agr	Name If Enrolled in	n at least ½ time
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YOU MUST ATTACH DOCUMENTATION OF ALL INCOME & EXPENSES

CTC ID:

Name: _