

WEST TEXAS A&M UNIVERSITY  
Financial Aid Office  
Phone: 806-651-2055 FAX: 806-651-2924  
financial@wtamu.edu

**SPECIAL CIRCUMSTANCES APPLICATION**

Applicant's Name: \_\_\_\_\_ Buff ID: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**If the financial situation for you, your spouse, or your parents has significantly changed from 2021 to 2022, please complete the following:**

**SPECIAL INSTRUCTIONS**

1. Independent Students - Provide information and documentation regarding you (and your spouse if married).
2. Dependent Students - Provide information and documentation regarding parents (and/or yourself, if applicable).
3. **Provide dates regarding changes**, such as loss or reduction of employment, or death of a parent or spouse.
4. Financial aid may be delayed until a decision is made on the special circumstance application.

**NOTE: APPLICATION MUST BE COMPLETE AND INCLUDE REQUIRED DOCUMENTATION.**

**We regret we cannot review incomplete applications; the application may be returned to the applicant. Please contact the Financial Aid Office for assistance if required.**

**A. REQUIRED:** Provide a brief explanation below regarding your special circumstance, including dates related to the circumstance. Use the back of this form or attach additional information as needed. **Provide copies of letters regarding job lay off or job termination. For changes regarding income, provide complete copies of 2021 and 2022 tax returns and W2's and other income documentation. Use the student portal to upload documents that contain personally identifying information such as social security numbers.**

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Applicant's Name: \_\_\_\_\_ Buff ID: \_\_\_\_\_

Before your status can be evaluated you must provide complete information regarding your estimates of the change in the financial situation for you, your spouse, or your parents. Please provide the best possible estimates for the period January 1, 2022 to December 31, 2022.

<b>B. Taxable Income for 2022</b>	<b>You/Your Spouse</b>	<b>Your Parents</b>
<b>** Attach statements or check stubs showing 2022 year-to-date earnings. **</b>		
How much you / your father earned from work.	\$ _____	\$ _____
How much your spouse / your mother earned from work.	\$ _____	\$ _____
How much you / your spouse / your parents received in unemployment benefits.	\$ _____	\$ _____
How much you / your spouse / your parents had in other taxable income (i.e. interest, etc.).	\$ _____	\$ _____
Total <b>2022</b> Income:	\$ _____	\$ _____

<b>C. Untaxed Income and Benefits for 2022</b>	<b>You/Your Spouse</b>	<b>Your Parents</b>
Social Security Benefits.	\$ _____	\$ _____
Aid for Families with Dependent Children (AFDC or ADC)	\$ _____	\$ _____
Other untaxed income and benefits (i.e. child support, workers comp, military allowance, etc.)	\$ _____	\$ _____
Total <b>2022</b> Untaxed Income and Benefits:	\$ _____	\$ _____

<b>D. Amount of Unusual Expenses that were paid in 2022</b>	<b>You/Your Spouse</b>	<b>Your Parents</b>
<b>** For 2022 medical expenses – attach 2021 tax return with Schedule A For other 2022 expenses – attach copies of “PAID” receipts**</b>		
Expense Type: _____	\$ _____	\$ _____
Expense Type: _____	\$ _____	\$ _____
<b>Amount Paid by Insurance:</b>	\$ _____	\$ _____
<b>Net 2022 Unusual Expenses (total expenses minus insurance):</b>	\$ _____	\$ _____

**E. CERTIFICATION:** By signing below, I certify that all of the 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 this proof may include a copy of my U.S. Income Tax Return. I also realize that if I do not give proof when asked, the student's application may not be processed for financial aid. **I understand my application will not be reviewed without the required documentation.**

_____ Date: _____	_____ Date: _____
Student's Signature	Father's Signature
_____ Date: _____	_____ Date: _____
Spouse's Signature	Mother's Signature

*With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.*

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<b>Office Use Only:</b>	Approved/Denied	Initials _____	Date _____
	Approved/Denied	Initials _____	
	Approved/Denied	Initials _____	
	Approved/Denied	Initials _____	

Comments: