



Student's Name \_\_\_\_\_ SSN/Student ID \_\_\_\_\_

**2011-2012 FINANCIAL AID  
SPECIAL CIRCUMSTANCES APPLICATION  
Independent**

Severance Pay	\$	\$	
<b>TOTAL INCOME:</b>	\$	\$	

2. Below list monthly amounts of the following untaxed income and benefits.

UNTAXED INCOME AND BENEFITS	Required STUDENT	If Applicable SPOUSE	Required TOTAL LENGTH OF BENEFIT	FOR OFFICE USE ONLY
Child Support Received	\$	\$		
Food Stamps	\$	\$		
Housing, food, and other living allowances (paid to members of the military, clergy and others)	\$	\$		
Temporary Assistance for Needy Families (TANF)	\$	\$		
Veteran's Noneducation Benefits (DIC, disability, death pension)	\$	\$		
SSI/ Disability	\$	\$		
Worker's Compensation	\$	\$		
Untaxed Portion of IRA Distribution	\$	\$		
Other (specify)	\$	\$		
<b>TOTAL UNTAXED BENEFITS INCOME:</b>				

**STEP FIVE: Initial and complete all lines to ensure your special circumstance request is complete:**

- I have completed a 2011 – 2012 FAFSA and completed my financial aid file with Brazosport College. \_\_\_\_\_ **Initial**
- I have included my 2010 income tax return (if applicable), and my independent financial aid worksheet. \_\_\_\_\_ **Initial**
- I have provided a typed, full explanation describing the circumstances that I would like to be reviewed. \_\_\_\_\_ **Initial**
- I have included my name and Student ID number on all submitted documentation. \_\_\_\_\_ **Initial**

**I certify that all the information submitted on and with this application is accurate and complete.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE: ___/___/20___	APPROVED	DENIED
Specialist Signature: _____	Director Signature: _____	
Any Additional Comments: _____		
_____		