

REQUEST FOR SPECIAL CIRCUMSTANCE FOR PARENT 2020-2021 ACADEMIC YEAR COVID-19

Student's Name _			Student ID#				
	LAST	FIRST	M.I.				
Father's (Stepfather's Name		Moth	Mother (Stepmother's) Name				
The purpose of this form is allow you to report circumstances that have negatively affected your financial situation and caused a significant reduction in your income from the 2018 income information reported on your 2020-2021 Free Application for Federal Student Aid (FAFSA).							

- Check the section that describes your special circumstance:
 2020 INCOME REDUCTION (i.e. COVID-19 related unemployment)
- 2. Attach a statement signed by all parents in the household that **fully** explains the special circumstance in your family's situation.
- 3. Complete only the section that applies to your family's situation.
 - If this request is for on the loss of employment, confirmation of lay off or termination from the former employer is required.
- If unemployment payments are involved, a statement from the proper agency is required detailing the amount of benefits received to date.
- Attach verification of year-to-date gross earnings for 2020 (a copy of a paycheck stub with year-to-date earnings or a statement from the employer). Clearly indicate the name of the wage earner on the verification.

PROVIDE THE DATE THIS SITUATION BEGAN: MONTH______DAY______ YEAR_____

ANTICIPATED <u>GROSS INCOME</u> FOR 01/01/2020 TO 12/31/2020	ACTUAL GROSS INCOME 01/01/20- TODAY'S DATE	ESTIMATED GROSS INCOME TODAY'S DATE to 12/31/2020	ESTIMATED TOTAL INCOME FOR CALENDAR YEAR 2020
Father's gross wages, salaries, tips (including severance pay and other income from work)	\$	\$	\$
Mother's gross wages, salaries, tips (including severance pay, disability payments and other income from work)	\$	ş	\$
Other taxable income (include unemployment benefits)	\$	\$	\$
Social Security Benefits (total for the family)	\$	\$	\$
Temporary Assistance for Needy Families	\$	\$	\$
Alimony and/or child support received	\$	\$	\$
Alimony and/or child support paid	\$	\$	\$
Other untaxed income (Disability, worker's comp., payments to tax deferred pension plans)	\$	\$	\$
Housing, food, and other living allowance	\$	\$	\$
TOTAL ANTICIPATED GROSS INCOME FOR 2020	\$	\$	\$

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I affirm that these funds were received as income in 2018, but are not received in 20	020.
State the source of the nonrecurring income:	
State the amount of nonrecurring income: \$	
Explain how the funds were spent or invested and why the funds should not be included Explain why the funds are not available to use toward educational expenses for the approximation of the spent of t	
CERTIFICATION SECTION	<u>ON</u>
If parents are married, both mother (step-mother) and father (step-father) and stude divorced, the parent providing financial information on the FAFSA is whose financial s	• • • • • • • • • • • • • • • • • • • •
I certify that the information on this form is complete and correct to information given constitutes in part an application for Federal fundamaterial omissions or false or misleading information.	•
Applicant's Signature:	Date:

Mother (Stepmother)'s Signature: ______ Date: _____

Father (Stepfather)'s Signature: ______ Date: _____

SECTION III: NONRECURRING INCOME RECEIVED IN 2018

Be sure to attach all supporting documentation.

Submit this completed form and all supporting documentation to:

OFFICE OF FINANCIAL AID HOWARD PAYNE UNIVERSITY 1000 FISK STREET BROWNWOOD, TX 76801-271

BROWNWOOD, TX 76801-2715 Fax #: 325/649-8973 Phone 325-649-8015

Email: financial-aid@hputx.edu