

#### Office of Financial Aid

107 Kincaid Dr MSC 900 Toccoa Falls, GA 30598 Email: finaid@tfc.edu Phone: (706) 914-8681 Fax: 706-282-6041

# **Special Circumstance Adjustment Request**

Student's Last Name Student's First Name Student's DOB

Eligibility for financial aid is determined by the Free Application for Federal Student Aid (FAFSA), which currently uses financial information from two years prior to estimate a household's current ability to pay for college. The Office of Financial Aid recognizes that households can experience changes in income or other circumstances that are not reflected in their information from two years prior. When these situations occur, it is possible for a Financial Aid Administrator to re-evaluate a student's aid eligibility based on their current circumstances through the Professional Judgment (PJ) process. All Professional Judgment applications are required to have a detailed letter of explanation and supporting documentation. Under most circumstances, a student must have been issued a financial aid offer based on a verified FAFSA prior to consideration of special circumstances.

Adjustments can be approved only in situations provided for by federal regulation and policy that have been appropriately documented. Failure to submit documentation to support the circumstances surround the request will result in a denial of the appeal. Submission of this request does not guarantee that any adjustments can be made. In addition, the Office of Financial Aid may request additional documentation upon review of the request.

Non-applicable Circumstances

- Standard living expenses (utilities, car payments, etc)
- Mortgage payments
- Credit card/other personal debts
- Filing for bankruptcy
- All other discretionary expenses
- Parent refusal to pay for educational expenses

## Most Common Types of Special Circumstances Warranting FAFSA Adjustments

If your situation fits into an approved category listed below, please submit this form along with any listed supporting documentation to the Toccoa Falls College Financial Aid Office. Once submitted, please allow 1-2 weeks for processing.

If your situation does not fit into one of the approved categories listed below, please call the Financial Aid Office at (706) 914-8681 to discuss your circumstance to see what options may be available to you.

### Change to Expected Family Contribution (EFC)

The following items could potentially result in a change in a student's Expected Family Contribution:

- Loss or change of employment or income
- Divorce/Separation of parent
- Change in marital status of student
- Death of parent(s) or spouse
- Excessive out of pocket medical and/or dental expenses
- One-time income (IRA disbursement, pension distribution, etc.)

A change in EFC could result in a change of eligible for needbased grants (but it is not guaranteed).

#### Change to Cost of Attendance (COA)

The following expenses could potentially be included in a student's Cost of Attendance:

- Costs associated with a student's disability
- Childcare expenses for a child of the student
- One-time purchase for a computer for educational needs
- Other costs if determined to be an educational necessity by the Financial Aid Office

A change to the COA will not result in a change in eligibility for need-based grants. There is a potential for an increase in student loan eligibility (but it is not guaranteed). Please note that any additional funds would still be subject to the college's refund policy available at <a href="https://tfc.edu/consumer-info">https://tfc.edu/consumer-info</a>.

Submit this form to:

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Please check the app	propriate reason	(s) for your re	equest below and	d submit all requir	red documentation listed	for that circumstance.
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		finaid@	Office of Financial Aid 107 Kincaid Drive MSC 900 Toccoa Falls, GA 30598 httc.edu • 706-914-8681 • 706-282-60	041 (Fax)
Parent's Signature (if dependent student)			Date Submit this form to:	Parent's Name (Please Print)
Student	's Signai	ture	Date	Student's Name (Please Print)
the righ	t to requ	est any additional documentatio		a Falls College Office of Financial Aid reserves s determination. Failure to submit all requested final.
				ng false or deliberately misleading statements is a
	0		n that pertains to the circumstance quested by the Financial Aid Office	
	0		circumstance signed by either the stud	lent or parent
	Other	, 11 <b>C</b>	•	
	0		n that pertains to the circumstance	on or parent
	Cost of	f Attendance Increase  Detailed letter explaining the	circumstance signed by either the stud	lent or parent
	0		n that pertains to the circumstance	
	0	Signed copies of 2022 and 202	23 taxes	F more (morate antos)
	One-ti	me income (IRA disbursement Detailed letter explaining the	t, pension distribution, etc.) circumstance signed by either the stud	lent or parent (include dates)
	0	•	l an itemized list of all medical and/or	dental expenses
	0	Detailed letter explaining the	circumstance signed by either the stud	
		ive out of pocket medical and/	·	
	Death	of parent(s) or spouse  Copy of death certificate or ob-	pituary for deceased individual	
	O	Copies of all W2s and 1099s to	for both parties	
	0	Signed copies of 2023 taxes for	or both parties (if they filed taxes)	
	Chang	Copy of marriage certificate of	r divorce decree	
	Chang	Copies of all W2s and 1099s te in marital status of student	for both parents	
	0	Signed copy of 2023 taxes		
	O	Copy of the divorce decree or	a letter of separation	
	O Divorc	e/Separation of parent	tax-mer)	
	0	Copy of the last pay stub show Signed copy of 2023 taxes (if		
	0	Letter from former employer	reflecting the last date worked	ioni of parent
Ц	Loss of	r change of employment or inc Detailed letter explaining the	come circumstance signed by either the stud	lent or parent
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