



## 2026-2027 Academic Year Special Circumstance Application

Complete this application if you have experienced a significant change in your household's financial circumstances that may affect your financial aid eligibility or award. All required documentation must be submitted for your application to be reviewed and evaluated.

**Complete all applicable sections of the application. Please type or print clearly.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_@durhamtech.edu

### Instructions

Select the Special Circumstance for which you are applying and follow all instructions provided within that section. Please ensure that you complete each required step and submit all necessary documentation for your request to be reviewed.

**Loss of Employment**

**Student**

**Spouse**

**Mother**

**Father**

### Required Documents

- **Letter from the previous employer** on official company letterhead, including dates of employment and the reason for separation or termination
- **Estimated Income Table** for the current calendar year (see page 3)
- **Household Worksheet**
- **Verification of Unemployment Benefits or Severance Package**, if applicable
- **Written explanation** detailing the circumstances and impact on your household's financial situation

**Reduction of Wages**

**Student**

**Spouse**

**Mother**

**Father**

### Required Documents

- **Letter from your current employer** on official company letterhead, stating the reason for the change in employment status (e.g., reduction of hours, decrease in wages) and the effective date of the change
- **Most recent pay stub**
- **Estimated Income Table** for the current calendar year (see page 3)
- **Household Worksheet**
- **Written explanation** describing the circumstances and how they have affected your household's financial situation

**Excessive Medical Expenses**

**Student**

**Spouse**

**Mother**

**Father**

**Required Documents**

- **Written explanation** describing the circumstances and their impact on your household finances
- **Receipts, bills, or other proof of expenses paid**
- **Household Worksheet**
- **Estimated Income Table** for the current calendar year (see page 3)

**Parent in College (Dependent Students Only)**

**Father**

**Mother**

**Required Documents**

- **Proof of the parents' undergraduate enrollment** (e.g., official enrollment verification from the institution)
- **Household Worksheet**
- **Estimated Income Table** for the current calendar year (see page 3)

**Loss of Benefits or Untaxed Income**

**Student**

**Spouse**

**Mother**

**Father**

**Required Documents**

- **Written explanation** describing the circumstances and their impact on your household's financial situation
- **Official documentation from the issuing agency** verifying the loss of a benefit or untaxed income
- **Household Worksheet**
- **Estimated Income Table** for the current calendar year

**One-time Payment / Source of Income (e.g. inheritance, IRA distribution, capital gain)**

**Student**

**Spouse**

**Mother**

**Father**

**Required Documents**

- **Written explanation** describing the circumstances and their financial impact
- **Official documentation** showing the date of the distribution and the amount of the one-time payment
- **Proof of the end of income or confirmation of the one-time distribution**
- **1099-R** from the most recent tax return
- **Household Worksheet**
- **Estimated Income Table** for the current calendar year (see page 3)

## Estimated Income Table (Required for All Applicants)

**All Students:**

Complete the **Student** column. If you are married, you must also complete the **Spouse** column.

**Dependent Students:**

Complete the appropriate **Parent** columns:

- If your custodial parent is single, complete the **Single Parent** column.
- If your parents are married, parent/parent, or parent/step-parent, complete **both Parent columns**.

|                                      | Student | Spouse | Mother | Father |
|--------------------------------------|---------|--------|--------|--------|
| <b>Estimated Current Year Income</b> |         |        |        |        |
| Wages/Salary/Tips                    |         |        |        |        |
| State Unemployment Benefits          |         |        |        |        |
| Pensions                             |         |        |        |        |
| Alimony                              |         |        |        |        |
| <b>Other Current Year Income</b>     |         |        |        |        |
| Source:                              |         |        |        |        |
| Source:                              |         |        |        |        |
| Source:                              |         |        |        |        |
| <b>Current Year Non-Taxed Income</b> |         |        |        |        |
| Social Security Benefits             |         |        |        |        |
| Child Support Received               |         |        |        |        |
| Other Untaxed Income                 |         |        |        |        |
| Cash/Checking/Savings                |         |        |        |        |

**Certification**

By signing this application, I (we) attest to the following:

- **I (we) certify** that all information provided in this application is true, complete, and accurate to the best of my (our) knowledge.
- **I (we) understand** that before any professional judgment can be exercised, the financial and household information reported on the original FAFSA must be verified.
- **I (we) acknowledge** that it is my (our) responsibility to provide any additional documentation required for this process, as outlined in the instructions.
- **I (we) understand** that the Financial Aid Office may request additional documentation while reviewing this Special Circumstances application, and that failure to provide such documentation may delay or terminate the review process.
- **I (we) authorize** Durham Technical Community College to electronically submit any necessary corrections or updates to my (my child’s or spouse’s) FAFSA information as determined by the review of this application.
- **I (we) understand** that any adjustments made based on the information provided in this application apply solely to financial aid eligibility at Durham Technical Community College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Handwritten signatures required; electronic signatures not accepted)*

Parent or Spouse Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

*(Handwritten signatures required; electronic signatures not accepted)*

**For Office Use Only:**

Financial Aid Advisor Decision:

Approved

Denied

Financial Aid Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Director Decision:

Approved

Denied

Financial Aid Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The 12 months used: \_\_\_\_\_ to \_\_\_\_\_