***Big Bend***



**COMMUNITY COLLEGE**

*Transforming lives through excellence in teaching* & *learning*

**STUDENT ADMINISTRATIVE SUPPORT SERVICES – FINANCIAL AID 509.793.2088 1.888.820.2896**

**2023-2024 Special Circumstances - DEPENDENT**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The BBCC financial aid office staff determines eligibility for aid according to the state and federal financial aid regulations using the 2021 income and assets reported on your Free Application for Federal Student Aid, FAFSA or WASFA. Check the Special Circumstances that you would like us to consider when re-reviewing your application for aid.

\_\_\_\_ Student or Parent one time 2021 income of $\_\_\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain why the income is no longer available\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Loss of Student income: Date Loss Occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Loss of Parent income: Date Loss Occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Extraordinary Expenses:

 \_\_\_\_ I have extraordinary medical/dental expenses not covered by insurance

\_\_\_\_ I have the following unusual circumstances which limit my ability to assist with my own educational expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Separation/Divorce of Parent: Date of separation or divorce\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Death of Parent: Date of death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List people in your household below. Include yourself, your parent(s), any siblings, and any other dependents your parents will support from July 1, 2023 through June 30, 2024. If any household members are attending college at least half-time, include the college name. If you need more space, attach a separate page.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Age** | **Relationship** | **College** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Complete the back of this form and provide requested documentation.**

**2023 Income Information**

**Student Financial Information Required:**

If you filed your 2023 taxes, attach copies of the following for student:

□ Signed and dated copy of 2023 1040 tax return that was submitted

□ All W2’s

□ Employment Security records verifying annual income from unemployment

□ Verification of child support, L&I and/or disability untaxed income received

If you did not/will not file 2023 taxes, attach the following:

□ Signed statement of your filing status.

□ All W2’s for any income earned from work

□ Signed statement or documentation for all untaxed income received

**Parent Financial Information Required:**

If your parent(s) filed 2023 taxes, attach copies of the following:

□ Signed and dated copy of 2023 1040 tax return that was submitted

□ All W2’s

□ Employment Security records verifying annual income from unemployment

□ Verification of child support, L&I and/or disability untaxed income received

If your parent(s) did not/will not file 2023 taxes, attach the following:

□ Signed statement of their filing status.

□ All W2’s for any income earned from work

□ Signed statement or documentation for all untaxed income received

**\*\*If you are required to file per IRS regulation, you must do so before applying for a special circumstance.**

|  |  |  |
| --- | --- | --- |
| **2023 Income Sources** | ***Actual Income***January 1, 2023 - December 31, 2023 | **OFFICE USE ONLY** |
| **STUDENT** |  |  |
| **Income Earned from Work** |  |  |
|  Student |  |  |
| **Total Unemployment** |  |  |
|  Student |  |  |
| Other Taxed Income |  | **AGI:** |
|  |  |  |
| **Total Untaxed Income** |  |  |
| Child Support Received |  |  |
| L & I |  |  |
| Disability |  |  |
| \*Other Untaxed |  | **Total:** |
|  |  |  |
| **PARENT** |  |  |
| **Income Earned from Work** |  |  |
|  Parent 1 |  |  |
|  Parent 2 |  |  |
| **Total Unemployment** |  |  |
|  Parent 1 |  |  |
|  Parent 2 |  |  |
| Other Taxed Income |  | **AGI** |
|  |  |  |
| **Untaxed Income/Other financials** |  |  |
| Child Support Received |  |  |
| L & I |  |  |
| Disability |  |  |
| \*\*Other Untaxed |  | **Total:** |
| Child Support Paid |  |  |

I/we certify that this information is true and complete to the best of my/our knowledge.

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* OFFICE USE ONLY: PJ 2023-2024 Approved \_\_\_\_\_ Denied\_\_\_\_\_ Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EFC\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ Reviewer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Big Bend Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, age, or any other legally protected status in its programs or activities. The following person(s) have been designated to handle inquiries regarding the non-discrimination policies. Kim Garza, Title IX Coordinator, Building 1400, Office 1449 at (509) 793-2010 or kimg@bigbend.edu or Rebecca Leavell, Coordinator of Disability Services, Building 1400, Office 1472 at (509)793-2027 / rebeccal@bigbend.edu