

## 2026-2027 SPECIAL CIRCUMSTANCE REQUEST FORM

Student ID# \_\_\_\_\_

Student Full Name \_\_\_\_\_

Financial Aid eligibility for the 2026-2027 academic year is based on 2023 family income. Under certain circumstances, it may be possible for the Financial Aid Office to base your eligibility for aid on your current or expected family income or to adjust 2024 income. Complete and return this form to the Office of Financial Aid if you feel that there are extenuating circumstances that should be considered in determining your Financial Aid eligibility. Please include as much documentation as possible. After reviewing your special circumstances documentation, your award package may remain the same, be increased, or reduced based on the financial information that has been submitted. Submitting a request for special circumstances does not guarantee an adjustment will be made to your award package.

**Section A - Special Circumstances for Consideration** - Please review and indicate which Special Circumstance applies to you. Documentation listed as **required (\*)** must be submitted along with this form to review your request. Additional documentation that helps support your request, even if not listed as required, can be submitted as well. For requests submitted **after January 31, 2027** also submit a copy of your **2026 W2(s)** and Tax Return.

| Special Circumstance  | For a Dependent Student  | For an Independent Student  | Required Documentation<br><small>*Required documents subject to change*</small>  |
|---|--|---|--|
| <input type="radio"/> <b>Change or loss of wages</b>  | You or your contributor(s)' income earned in 2026 will be less than what was earned in 2024.   | Your (and/or your spouse's) income earned in 2026 will be less than what was earned in 2024.  | Complete copies of:<br>* Explanation of Special Circumstances<br>* IRS Tax Return Transcripts<br>* W2 Wage statement(s)<br>* Unemployment Award Letter<br>* Last pay stub showing year-to-date earnings<br>* Termination notice from employer  |
| <input type="radio"/> <b>Other Loss of Income or Extraordinary Expenses</b><br>* Alimony<br>* Child Support<br>* Retirement/Pension<br>* Social Security (taxed)<br>* Worker's Compensation<br>* Medical/Dental | You or your contributor(s) received benefits in 2024 which have ceased or been reduced in 2026 or<br>You or your contributor(s) paid expenses not covered by insurance and are over the expected cost of attendance. | You (and/or your spouse) received benefits in 2024 which have ceased or been reduced in 2026<br>or<br>You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance. | Complete copies of:<br>* Explanation of Special Circumstances<br>* IRS Tax Return Transcripts<br>* W2 Wage statement(s)<br>* 2024 benefit statement listing total amount received<br>* 2024 and/or 2026 benefit statement and/or court documents listing updated amount to receive and effective date <b>and/or</b><br>* Copy of insurance coverage<br>* Copy of all medical bills |
| <input type="radio"/> <b>Separation or Divorce</b>  | Your contributors separated or divorced AFTER filing the FAFSA but no later than 12/31/2026  | You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2026   | Complete copies of:<br>* Explanation of Special Circumstances<br>* IRS Tax Return Transcripts<br>* W2 Wage statement(s)<br>* Divorce decree or separation agreement or proof of separate addresses   |
| <input type="radio"/> <b>Death of a Contributor or Spouse</b>   | A contributor has died AFTER filing the FAFSA.   | Your spouse has died AFTER filing the FAFSA.  | Complete copies of:<br>* Explanation of Special Circumstances<br>* IRS Tax Return Transcripts<br>* W2 Wage statement(s)<br>* Death certificate   |
| <input type="radio"/> <b>One-time Payment Received</b>  | Your contributors received a one-time lump sum payment of monies in 2024.  | You (and/or your spouse) received a one-time lump sum payment of monies in 2024.  | Complete copies of:<br>* Explanation of Special Circumstances<br>* IRS Tax Return Transcripts<br>* W2 Wage statement(s)<br>* Documents detailing one-time payment amount, source and reason for payment  |

|  |   |   |   |
|--|---|---|---|
| <p><b>Currently incarcerated or recently released from incarceration</b></p> | <p>During the 2024, 2025, or 2026 year if your contributor(s) was/were incarcerated and did not receive any income.</p> | <p>During the 2024, 2025, or 2026 year you (and/or your spouse) were incarcerated and did not receive any income.</p> | <p>* Explanation of Special Circumstances<br/>* Record of incarceration list provided from your counselor at the institution that you are or were with (dates you were incarcerated for your current/most recent term).</p> |
|--|---|---|---|

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**Section B - Explanation of Special Circumstances** - You must attach a written statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your particular situation. Include dates circumstances occurred/ended. **Make sure to sign your written statement.**

**Section C - Total income/benefits received and/or projected** (write in a 12 month time frame for income received and/or projected):

Calendar (Jan-Dec) Year                      **OR**                      Academic (July-June) Years

You are **required** to provide your received and/or expected income for the appropriate categories listed below. If no income is received and/or expected for a category, **input "0" do not leave any blanks**. In addition to the required documentation listed on page 1, **you must submit proof of all income figures provided below** (e.g., for wages, supply a copy of your most recent pay stub).

| Source of Income                   | Father/Step Father | Mother/Step Mother | Student | Student's Spouse |
|------------------------------------|--------------------|--------------------|---------|------------------|
| Wages, Tips, Salary                |                    |                    |         |                  |
| Interest and/or Dividend Income    |                    |                    |         |                  |
| Worker's Compensation              |                    |                    |         |                  |
| Pensions and/or Annuities          |                    |                    |         |                  |
| Severance Pay                      |                    |                    |         |                  |
| Retirement Benefits                |                    |                    |         |                  |
| Disability Benefits                |                    |                    |         |                  |
| Social Security Benefits (taxable) |                    |                    |         |                  |
| Child Support                      |                    |                    |         |                  |
| Alimony                            |                    |                    |         |                  |
| Welfare Benefits                   |                    |                    |         |                  |
| Other: _____                       |                    |                    |         |                  |
| <b>TOTAL OF ALL INCOME:</b>        |                    |                    |         |                  |

**Section D - One-time Payment Amount in 2024** - If your special circumstance is for a one-time payment received in 2024, please enter the amount received below.

| Source of Income                            | Father/Stepfather | Mother/Stepmother | Student | Spouse |
|---|-------------------|-------------------|---------|--------|
| Amount of one-time payment received in 2024 |                   |                   |         |        |

**Section E - Statement of Certification** - I certify that all of the information on this form is true, correct and complete to the best of my knowledge. I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received. If requested, I agree to provide further documentation. I also understand that purposely reporting false or misleading information may result in fines or imprisonment or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contributor or Student's Spouses Signature (if applicable)

\_\_\_\_\_  
Date