



Special Circumstance Request 2025-26

Student Name: _____ Social Security Number: _____ Student ID: _____
(last four digits only)

In some cases, students and parents find the information they provided on the Free Application for Federal Student Aid (FAFSA) no longer reflects their current financial situation. When circumstances change, students may request a change to income data items on their FAFSA at their Campus Financial Aid Office. Example reasons for filing a Special Circumstance Request:

- The student's parent or spouse has passed away
- The family has incurred extraordinary medical/dental expenses (paid and not covered by insurance)
- The student's parent or student has retired
- The student or the student's parents have separated or divorced
- The student's or parent(s)' income has been significantly reduced in 2024
- The student or parent(s) no longer receives untaxed benefits such as child support, or other sources of income.

To request changes to your FAFSA please complete this form and provide all required documentation. **Please note: incomplete forms that do not include the required documentation will not be considered.**

Please explain in detail the unusual or special circumstance that you were unable to address when completing the Free Application for Federal Student Aid (FAFSA) for the 2025-26 year. Please be as descriptive as possible. *You may attach additional pages if necessary.*

Reduction in Income

Person reporting a reduction in income: _____ Self Supporting Student _____ Parent(s) of a Dependent Student

If parent, please list parent's name: _____

Have you previously requested a review of your special circumstance? _____ No _____ Yes, in the year of _____

Have you or your spouse experienced a minimum of three months loss of income due to involuntary circumstances? _____ Yes _____ No

Cause of Reduction in Income

Please indicate below the cause of the reduction in your income the effective date:

_____ Involuntary separation from employment	_____
_____ Involuntary loss of income	Last date income was received _____
_____ Death of spouse or parent	Date of death _____
_____ Divorce or separation	Date of divorce or separation _____
_____ Disability of student, spouse, or parent	Date of disability _____
_____ Decision to leave work and return to school	Last day of employment _____
_____ Other, please describe: _____	Effective date _____

Special Circumstance Request Options:

- 1) **Income for Calendar Year 2024** *(Families who have experienced a reduction in income or benefits that is reflected on their 2023 IRS Tax Return Transcript.)*
- 2) **Anticipated Income for Calendar Year 2025** *(Families who have experienced a reduction in income that will be reflected in the 2024 calendar year.)*

Complete only one of the sections below by selecting the one that best fits your family situation and provide the appropriate documentation:

1) **Income for Calendar Year 2024** *(If you complete form number 1 below, do not complete form number 2 on the following page).*

Please provide your annual income received in the year of 2024. Report the following information for yourself and your spouse, if applicable, or your parent(s). If the loss of income is due to the death of a spouse or parent, give only the information for you or the surviving parent.

Annual Income for 2023	Student	Spouse	Parent 1 (As Reported on the FAFSA)	Parent 2 (As Reported on the FAFSA)
Wages, tips, salaries Include severance pay, disability payments, taxable combat pay, and any income earned from work.	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Other taxable income Source: _____	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Other untaxed income Source: _____	\$	\$	\$	\$
Total Annual Income	\$	\$	\$	\$

Required Supporting Documents if Applicable:

<input type="checkbox"/> Copy of 2024 Federal Tax Return Transcript student/spouse and/or parent(s)	Yes	No
<input type="checkbox"/> Copies of all 2024 W2s for student/spouse and/or parent(s)	Yes	No
<input type="checkbox"/> Letter from previous employer (on company letterhead) indicating start and end dates of employment	Yes	No
<input type="checkbox"/> DD214 if recently separated from the military	Yes	No
<input type="checkbox"/> Copy of current pay stub from the individual whose income has been significantly reduced	Yes	No
<input type="checkbox"/> Statement of Unemployment Benefits, if received	Yes	No
<input type="checkbox"/> If reporting separation or divorce, appropriate court documents indicating date of separation or divorce	Yes	No
<input type="checkbox"/> If reporting death of a spouse or parent, copy of death certificate	Yes	No
<input type="checkbox"/> Documentation supporting parent's enrollment at least half-time in a program leading to a degree	Yes	No

Note: If you have not previously submitted the following verification forms, please do so **before** submitting this Special Circumstances Request:

- 2023 Federal Tax Transcript for student /spouse and/or parent(s)
- If you did not file, the Independent Verification of Non-filing for Tax year 2023 **OR** the Dependent Verification of Non-filing for 2023 **AND** an IRS statement of Non-filing for one or both parents.
- 2025-26 Dependent **OR** Independent Family Size Verification Form completed with appropriate signatures and documentation.

2) Anticipated Income for Calendar Year 2025 (If you complete form number 2 below, do not complete form number 1 on the previous page).

Please estimate your expected annual income in the year of 2025 only if there is a change in your income that will continue through the 2024 year. Report the following information for yourself and your spouse, if applicable, or your parent(s). If the loss of income is due to the death of a spouse or parent, give only the information for you or the surviving parent.

Expected Annual Income January 1, 2025 through December 31, 2025	Student	Spouse	Parent 1 (As reported on the FAFSA)	Parent 2 (As reported on the FAFSA)
Wages, tips, salaries Include severance pay, disability payments, taxable combat pay, and any income earned from work.	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Other taxable income Source: _____	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Other untaxed income Source: _____	\$	\$	\$	\$
Total Expected Annual Income	\$	\$	\$	\$

Required Supporting Documents if Applicable:

- | | | |
|---|-----|----|
| <input type="checkbox"/> Copy of 2024 Federal Tax Return Transcript student/spouse and/or parent(s) | Yes | No |
| <input type="checkbox"/> Copies of all 2024 W2s for student/spouse and/or parent(s) | Yes | No |
| <input type="checkbox"/> Letter from previous employer (on company letterhead) indicating start and end dates of employment | Yes | No |
| <input type="checkbox"/> DD214 if recently separated from the military | Yes | No |
| <input type="checkbox"/> Copy of current pay stub from the individual whose income has been significantly reduced | Yes | No |
| <input type="checkbox"/> Statement of Unemployment Benefits, if received | Yes | No |
| <input type="checkbox"/> If reporting separation or divorce, appropriate court documents indicating date of separation or divorce | Yes | No |
| <input type="checkbox"/> If reporting death of a spouse or parent, copy of death certificate | Yes | No |
| <input type="checkbox"/> Documentation supporting parent's enrollment at least half-time in a program leading to a degree | | |

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- If you did not file, the Independent Verification of Non-filing for Tax year 2023 **OR** the Dependent Verification of Non-filing for 2023 AND an IRS statement of Non-filing for one or both parents.
- 2025-2026 Dependent OR Independent Family Size Verification Form completed with appropriate signatures and documentation.

My signature certifies that the information provided is true and correct and that I am providing an accurate description of my financial situation. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education.

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

Parent's Signature _____ Date _____

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FOR OFFICE USE ONLY

Reviewed by Director: Initials/Date: _____

Scanned: Initials/Date: _____