



**2025-26 Special Circumstance Request – Independent**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Submitting an appeal does not guarantee an adjustment will be made to your financial aid package.**

Special consideration may be available if your current financial situation is not accurately reflected by the 2023 tax information reported on your FAFSA. You must submit a signed detailed letter explaining the situation and all required documentation as outlined below. All documents must be completed and received before your request can be reviewed.

- Checklist for ALL appeals:**
- Student (and spouse) 2023 Federal Tax Return (signed) and Schedules 1-3 (if applicable)
  - Copy of Student (and spouse) 2023 W2s
  - Signed letter detailing circumstance
  - Student (and spouse) most recent paystub(s)

**Section A: Criteria for Consideration** *Check all circumstances you would like to be considered and submit required documentation. The documentation listed below is not an inclusive list. Additional information may be requested on a case-by-case basis.*

**Death of spouse**  
Name of Deceased: \_\_\_\_\_ Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_  

- Copy of Death Certificate or Obituary
- Copy of student's 2023 Federal Tax Return (signed) and Schedules 1-3 (if applicable)
- Copy of student's 2023 W2s

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**Student's divorce/separation**  
Date of divorce/separation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Number in student's family: \_\_\_\_\_ (include yourself, any dependent children, and other people living with you)  

- Copy of Divorce Decree or letter from attorney OR proof of separate residences
  - utility bills, mortgage statements, rental agreement etc.
- Copy of student(s) 2023 Federal Tax Return (signed) and Schedules 1-3 (if applicable)
- Copy of student(s) 2023 W2's

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**Student (or spouse) is retired, unemployed for at least 8 weeks, or has a change in employment resulting in an income reduction**  
Relationship: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  

- Unemployment Documentation (if applicable)
- Documentation of situation

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**Loss of benefits, such as unemployment, disability, social security, veterans, child support, or alimony**  
Relationship: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  

- Documentation of situation

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**Non-recurring payments received during the FAFSA tax year will not be repeated**  
Type of Income: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  

- Documentation of situation

## Section B: Income

Complete the Gross Taxed Income and the Untaxed Income sections below for your family's expected income prior to exemptions, adjustments, or deductions. Include all estimated income from January 1, 2025 to December 31, 2025.

Please include estimates for the full year.  
If none, enter zero.

### Total 2025 Gross Taxed Income

1. Wages, salaries, tips, severance pay
2. Business or farm income (self-employment)
3. IRA distributions, pensions, and annuities
4. Alimony
5. Unemployment Compensation
6. Other taxed income (specify) \_\_\_\_\_

### Student Income

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Spouse Income

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### **Total 2025 Gross Taxed Income**

**\$ \_\_\_\_\_**      **\$ \_\_\_\_\_**

### Total 2025 Untaxed Income

1. IRA deductions and payments to self-employed SEP, SIMPLE, and other qualified plans
  - 1040 Schedule 1, total of lines 16 + 20
2. Untaxed portion of IRA distributions
  - 1040 line 4a minus 4b
3. Untaxed portion of pensions and annuities
  - 1040 line 5a minus 5b
4. Foreign earned income exclusion
  - 1040 Schedule 1, Line 8d

\$ \_\_\_\_\_      \$ \_\_\_\_\_  
\$ \_\_\_\_\_      \$ \_\_\_\_\_  
\$ \_\_\_\_\_      \$ \_\_\_\_\_  
\$ \_\_\_\_\_      \$ \_\_\_\_\_

## Section C: Signature

I hereby certify that all information contained in this request is true and complete to the best of my knowledge. I understand that all special circumstances are reviewed on a case-by-case basis and the submission/review of this form does not guarantee a change in the student's financial aid eligibility.

\_\_\_\_\_  
Student Signature and ID#      Date

\_\_\_\_\_  
Spouse Signature      Date

**Electronic signatures will not be accepted.**