



# Financial Aid Special Circumstance Request Form

_____	_____
Print Student Name	Tech ID:
_____	_____
Phone Number	E-mail address

Thank you for requesting an appeal on your original FAFSA application for the 2024-2025 academic year. This form is designed to address the special circumstances affecting your income that was required to be used on the original FAFSA. By completing this form along with documentation, you are indicating that there has been a **substantial** change to your family's financial situation and you would like the Financial Aid Office to the updated information into consideration when determining your eligibility for financial aid.

**Step 1: Attach a TYPED letter explaining your situation in detail.**

**Step 2: Check the box(es) that BEST describes your special circumstances and situation.**

*(Be sure to indicate whether it is the student or parent who has the change in income)*

\_\_\_ **Lay Off** (circle one: student / parent)

- Letter from the employer with the effective date and any severance benefits
- Statement from the Unemployment outlining your benefits
- Final pay stub from the laid off position
- Most recent pay stub of all other current positions (for both parents / for both student and spouse)

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\_\_\_ **Wage Reduction/ Loss of Unemployment** (circle one: student / parent)

- Letter from the employer indicating the reduction of hours per week and effective date
- Pay stub reflecting the wage reduction for student **AND** parent/spouse
- Statement from the Unemployment Office outlining the change in benefits and status

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\_\_\_ **Retirement** (circle one: student / parent)

- Letter from employer documenting retirement date **and** benefits received
- Final pay stub for retiree and projected retirement income
- Last pay stub from parent/spouse who is still working

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\_\_\_ **Death of Parent / Spouse** (circle one)

- Death certificate or obituary from newspaper
- 2022 W2 forms from the other parent
- Life insurance or benefits received

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\_\_\_ **Divorce or separation:** Date: \_\_\_\_\_

- Copy of the Divorce Decree

Over



\_\_\_ **Unusual major medical or dental expenses not cover by insurance** (Anything over 10% of your total income)

- Receipts showing the expenses itemizing medical or dental deductions or summary information from you insurance company showing payments made by you in the past year

\_\_\_ **2023 tax return shows significant loss of income as compare to 2022**

- 2023 tax return transcript

\_\_\_ **Other: (Please list)** \_\_\_\_\_ Documentation **must** be provided

\_\_\_ **Budget Adjustment**

- Proof of travel or other personal expenses such as mileage travel to college, receipts, etc.

**STEP 2: Student/Parent/Spouse Projected 2024 Income** – Complete the following sections. Attach **all** supporting documentation specified in the situation description you checked in Step 1 and additional documentation to support your appeal. **Do not leave any items blank; enter “0” where appropriate. Please include the total amounts that you and your parents/spouse have received/earned and expect to receive/earn in 2024. (FULL YEAR TOTALS)**

Please include the total amounts that you and your parents/spouse have received/earned and expect to receive/earn in 2024. *(FULL YEAR TOTALS)*

	Student	Parents/Spouse
Taxable Wages	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____
IRA/Pension Distribution Income	\$ _____	\$ _____
Disability Income	\$ _____	\$ _____
Interest and Dividend Income	\$ _____	\$ _____
Rental/Business/Capital Losses/gains	\$ _____	\$ _____
Food/Housing/Living allowance	\$ _____	\$ _____
Worker’s Compensation	\$ _____	\$ _____
Other Income (list source): _____	\$ _____	\$ _____

**\*\*\* The review of your appeal will be delayed if ALL documentation has not been provided\*\*\***

*By signing this form, I certify all the information reported on this form and the enclosed documentation is complete and accurate. I understand that providing false or misleading information may result in a \$20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.*

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

Parent / Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_