



## Financial Assistance Department 2026-2027 Special Circumstances Appeal

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

On occasion, families experience extenuating circumstances which merit basing their financial assistance eligibility on adjusted income information. This is usually due to loss of a job, death, or extraordinary or unusual medical/dental expenses. If you feel that you have extenuating circumstances not addressed on your original FAFSA, you must complete this form to request a reevaluation of your financial aid eligibility.

### Situations that will not be considered include:

- voluntary job loss
- unemployment of less than 6 weeks
- personal bankruptcy

If your appeal is approved, your eligibility for federal and/or institutional financial aid will be reevaluated. Submission of this form does **not** guarantee a change in your financial aid eligibility or award(s). The decision of the Financial Assistance Department is **final** and cannot be appealed to the Department of Education.

**All applications MUST include the following.** Incomplete appeals **will not** be reviewed.

1. A fully completed and signed **Special Circumstances Appeal Form**. A reason for appeal **must** be selected.
2. A signed copy of the 2 **most recent year signed Federal IRS Tax Returns** (IRS 1040, 1040A, etc)
3. **Most recent W-2** Earning Statement(s)
4. **Legible** letter of circumstances
5. **Additional documentation required** based on your reason for appeal. Please refer to **Reason for Appeal chart** for specific documents required



**REASON FOR APPEAL (PLEASE SELECT THE BOX(S) THAT BEST DESCRIBE YOUR CIRCUMSTANCES)**

Select One	Reason for Appeal	Please provide the following documents. If documents are not available, please provide a detailed explanation of situation and why documentation is not available.
	<p><b>1. LOSS OF EMPLOYMENT/REDUCTION IN WAGES IS PROJECTED TO BE LOWER IN THE CURRENT YEAR</b></p> <p><b>Who experienced a loss of/change in income?</b>  <input type="checkbox"/> Father/Stepfather    <input type="checkbox"/> Mother/Stepmother  <input type="checkbox"/> Self    <input type="checkbox"/> Your Spouse (if married)</p> <p><b>When did this occur?</b> _____</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of most recent year to date pay stub(s)</li> <li><input type="checkbox"/> Signed and dated letter (on company letterhead) from employer listing last day of employment</li> <li><input type="checkbox"/> A statement of severance payments and benefits from your employer (if applicable).</li> <li><input type="checkbox"/> A statement detailing unemployment benefits (if applicable)</li> <li><input type="checkbox"/> If Self-employed, please provide a letter from your CPA or tax preparer to confirm your loss of business income.</li> <li><input type="checkbox"/> Estimated Income form.</li> </ul>
	<p><b>2. UNUSALLY HIGH MEDICAL BILLS</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Submit any relevant and supporting Documentation (Copy of bills showing what insurance is not paying, receipts/canceled checks)</li> </ul> <p><b>*There is no need to complete estimated income form*</b></p>
	<p><b>3. DEATH OF A PARENT OR SPOUSE</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of death certificate</li> <li><input type="checkbox"/> If taxes are filed jointly the IRS Wage and Income statement must be included for the parent remaining on the fafsa.</li> </ul> <p><b>*There is no need to complete estimated income form*</b></p>



**Estimated Income – Required if your total current income will be lower than the income reported on your FAFSA**

- **Report only the income of the impacted person before exemptions, adjustments, and deductions.** For example, if the father’s income declined, only report estimated income for the father.
- All income/benefits that you or your parents/spouse expect to **receive from January 1st-December 31st.**
- Complete all items. **If an item doesn’t apply, you must enter “0”**

<b>Estimated Income for January 1 - December 31 (of the current year)</b>			
<b>Sources of Income</b>	Dependent Students	<b>Father</b>	<b>Mother</b>
	Independent Students	<b>Student</b>	<b>Spouse</b>
Gross earnings from work (Wages, Salaries, Tips)		\$	\$
Severance pay		\$	\$
Gross unemployment compensation		\$	\$
Business or farm income		\$	\$
Taxable pension and/or annuity income		\$	\$
IRA/Retirement account withdrawals		\$	\$
Taxable Social Security benefits/disability		\$	\$
Child support received for all children in the household		\$	\$
Any other untaxed income and benefits such as Workers Compensation, disability, etc.		\$	\$
Veterans non-education benefits, such as disability, death pension, or dependency and indemnity compensation		\$	\$
Any other income		\$	\$
<b>Total Estimated Income</b>		\$	\$



**BEFORE SUBMITTING, PLEASE CERTIFY THAT THE REQUIRED DOCUMENTS ARE INCLUDED:**

- Fully Completed and Signed Special Circumstances Appeal Form
- ALL** supporting documents listed in Reason for Appeal

In signing this form, I certify that I understand the following:

- The decision of the Special Circumstances committee is **final**; there is no appeal process to the Department of Education.
- Incomplete appeals will not be reviewed.
- This request for re-evaluation does not guarantee any adjustment to your financial aid award.
- Due to the complexity of Special Circumstance Appeals, please allow 3-5 weeks for processing once a complete appeal package has been submitted.

**Certification:** I certify that the information on my most recent FAFSA is accurate and that the information I submit in this appeal is true and complete to the best of my knowledge. We cannot accept digital signatures. This form must be printed and signed by hand.

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

Spouse Signature \_\_\_\_\_  
(if married)

Parent Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

(if parent information required)

(if parent information required)