



Special Circumstances Evaluation Form 2026-2027

There are instances where the Free Application for Federal Student Aid (FAFSA) does not capture a student's complete financial situation. The Office of Student Financial Aid provides this form to students that may need special consideration. Please note that any student submitting this form is required to complete the verification process and submitting this form does not guarantee that a change will be made or that a change will be favorable. Special circumstances cannot be reviewed until all items in the checklist are completed and submitted to the Office of Student Financial Aid.

Student's Name _____

Student ID# _____ Phone Number: (_____) _____

Whose information on the FAFSA requires a review? **Student** **Spouse** **Parent(s)**

Checklist

- | | | | | | | | | | | |
|--|--|------------------------------------|----------------------------------|------------------------------------|--|--|--|--|--------------------------------------|--------------------------------------|
| ☐ 1. Complete the 2026-2027 FAFSA application. | | | | | | | | | | |
| ☐ 2. Complete the verification process and submit the following documentation if have not already done so: | | | | | | | | | | |
| <table border="0"> <tr> <td><u>Dependent Students</u></td> <td><u>Independent Students</u></td> </tr> <tr> <td>Dependent verification worksheet</td> <td>Independent verification worksheet</td> </tr> <tr> <td>Parent and student IRS tax transcripts</td> <td>Student and spouse IRS tax transcripts</td> </tr> <tr> <td>Documentation of child support paid/received</td> <td>Documentation of child support paid/received</td> </tr> <tr> <td>Documentation of food stamp benefits</td> <td>Documentation of food stamp benefits</td> </tr> </table> | <u>Dependent Students</u> | <u>Independent Students</u> | Dependent verification worksheet | Independent verification worksheet | Parent and student IRS tax transcripts | Student and spouse IRS tax transcripts | Documentation of child support paid/received | Documentation of child support paid/received | Documentation of food stamp benefits | Documentation of food stamp benefits |
| <u>Dependent Students</u> | <u>Independent Students</u> | | | | | | | | | |
| Dependent verification worksheet | Independent verification worksheet | | | | | | | | | |
| Parent and student IRS tax transcripts | Student and spouse IRS tax transcripts | | | | | | | | | |
| Documentation of child support paid/received | Documentation of child support paid/received | | | | | | | | | |
| Documentation of food stamp benefits | Documentation of food stamp benefits | | | | | | | | | |
| ☐ 3. Submit a detailed letter describing the student's special circumstance. | | | | | | | | | | |
| ☐ 4. Submit supporting documentation for the student's particular special circumstance and include financial information on reverse side if applicable. See special circumstances below. | | | | | | | | | | |

Check All That Apply	Special Circumstance	Documentation
	Death of Parent or Spouse	Copy of Obituary. W2s from survivor. Any additional income
	Divorce or Separation after FAFSA has been filed. This will only change the marital status.	- Copy of divorce decree or documentation of separation. - Documentation of separate residencies (e.g. Lease, utility bill).
	Change in employment status	- Letter from employer stating the effective date of change and the nature of the change - Complete income information on reverse side and attach appropriate documentation
	Extraordinary medical and dental expenses	Documentation of total unreimbursed expenses paid in current year.
	Loss of employment and/or income	- Letter from employer concerning date and basis for separation. - Statement regarding end of benefits (e.g. child support, social security insurance), if applicable. - Complete income information on reverse side.
	Non-recurring Income (IRA distribution, inheritance)	- Documentation stating the type and amount of non-recurring income. - Documentation showing how funds were spent.

Student Signature _____

Date _____

Parent Signature (if applicable) _____

Date _____

List all sources of income in 2026 and attach the appropriate documentation for each amount provided. All lines must be populated in order to be considered complete.

Sources of Income in 2026	Student/Spouse	Parent(s)
Income Earned from Work/Employment Wages (attach last paystub)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Social Security benefits (SSI or disability) received for all household members that were not taxed. Please attached statement from The Social Security Administration indicating payment (s) received in 2026.	\$ _____	\$ _____
Welfare benefits including AFDC, WIC, TANF, or OWF (excluding food stamps)	\$ _____	\$ _____
Severance pay from separation in employment	\$ _____	\$ _____
Payments received from 401(k), 403(b) plan, or tax deferred pension and savings plan.	\$ _____	\$ _____
Veterans non-education benefits such as Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$ _____	\$ _____
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$ _____	\$ _____
Any other untaxed income or benefits, such as workers' compensation, disability, etc. Don't include money from student financial aid, earned income credit, additional child tax credit, welfare payments, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$ _____	\$ _____
Child support paid or received in 2026 (statement from child support agency).	\$ _____	\$ _____
Alimony or spousal support (court document indicating amount needed).		
Cash support or money paid on the student's behalf (statement from family or friend indicating they are supporting you and in what manner, i.e. housing, food, transportation, etc.)	\$ _____	\$ _____
Please list any other income and its source: _____	\$ _____	\$ _____

NOTE: ALL student/spouse and parent(s) income from 2026 should be listed on this form. Parent income is only required if student is a dependent student.