



Special Circumstances
Academic Year 2025-2026

Student's Name _____

Student ID# _____

Supporting Documentation needs to be provided to Office of Financial Aid before review. You may submit other documentation IN ADDITION to what is requested if you feel it will be beneficial in reflecting family's current financial situation. If additional information is required, the student will be contacted. NOTE: Adjustments are not made due to overtime, commissions, or consumer debt. For loss of income due to unemployment, the period of unemployment must be at least 10 weeks before your request will be considered.

Every request needs to include:

- A signed statement explaining the situation
- Signed Copy of the latest Federal Tax Return, including W2s
 - Parent (&stepparent) information if Dependent student
 - Student (&spouse) information if Independent student

Please Select the Situation that a Recalculation is being requested. Be sure to submit the additional documentation listed:

- ☐ **Loss of Income**
- ✓ Previous two paystubs
 - ✓ Notice of severance pay, if applicable
 - ✓ Letter from most recent employer regarding employment status, if applicable
 - ✓ Letter from Unemployment Office stating benefits
 - Beginning and ending dates need to be included
 - Remaining benefit needs to be included
- ☐ **Death of Parent (dependent), or Spouse (independent)**
- ✓ Copy of death certificate
 - ✓ Final pay stub showing year to date earnings for deceased
- ☐ **Excess Medical/Dental Expenses**
- ✓ Receipts for out-of-pocket expenses incurred during calendar year
- ☐ **Parent retired within the past year**
- ✓ Any supporting documentation

☐ Marital Status Change (Marriage, Divorce, Legal Separation)

- ✓ Copy of marriage license, if applicable
- ✓ Copy of divorce decree or separation agreement, signed by attorney or filed through court system, if applicable

☐ Adjust Number of Family Members in College (You cannot just change the number in college question.) There has to be a special circumstance along with adequate documentation.

- ✓ Submit proof of payment to another school. We would need the institutions statement of accounts paid. Any other supporting documentation that shows proof of payment.
- ✓ Previous two paystubs.
- ✓ Proof of monthly expenses.

☐ Loss of Other Benefits

- ✓ Submit monthly amount of benefit & date payments are to cease
 - Child support, indicating child that support was received for
 - Social Security Benefits
 - Alimony
 - Disability
 - Worker's Compensation
 - Other: _____

OFFICE OF FINANCIAL AID USE ONLY

Recalculation Approved_____

Corrected Transaction #_____

Old SAI_____

New SAI_____

Recalculation Denied_____

Primary OFA Signature_____

Date_____

Secondary OFA Signature_____

Date_____

Comments_____
