

Last Name	First Name	M.I.	Student ID
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Street Address	City	State	Zip	Phone Number
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**Note: You must file (or have filed) a 2026-2027 Free Application for Federal Student Aid (FAFSA) before your appeal can be considered.**

This request is used to adjust the income reported on the 2026-2027 Free Application for Federal Student Aid (FAFSA) due to a change in circumstance during the current calendar or academic year. In order for us to make adjustments to the FAFSA data, we must verify the original data was reported accurately. If your FAFSA has been selected for Federal verification, you must complete that process before we can review your appeal. Failure to submit required documentation will delay processing of this form. If you need assistance in completing this form, please contact us.

**All special circumstances must be explained in writing with appropriate supporting documentation. The following list highlights appropriate documentation for each case. Please give specific dates and reasons as to when and why changes occurred and list events in chronological order.**

**REDUCTION OF INCOME:** Student/Parent continuing unemployment or a significant reduction of income since filing the 2025 tax return. We will not review a special circumstance due to loss of employment unless 3 months have passed since the last date of employment.

<ul style="list-style-type: none"> <li>✓ Include letter explaining change in circumstances</li> <li>✓ Include last check stub(s) from previous employer</li> <li>✓ Include letter from previous employer stating date of termination</li> </ul>	<ul style="list-style-type: none"> <li>✓ Include employment benefit or denial letter</li> <li>✓ Include a signed copy of your 2024 and 2025 1040 and W-2s or IRS Federal Tax Transcript.</li> <li>✓ Include the latest statement of unemployment benefits received if applicable</li> </ul>
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**DEDUCTION OF ONE-TIME PAYMENT:** Student/Parent received a ONE-TIME PAYMENT

(i.e. pension, IRA, annuities, gambling winnings, settlement, capital gains, etc.)

<ul style="list-style-type: none"> <li>✓ Include letter explaining change in circumstances</li> <li>✓ Include explanation and documentation of how one-time payment was spent</li> </ul>	<ul style="list-style-type: none"> <li>✓ Include a signed copy of your 2024 and 2025 1040 tax return and W-2s or IRS Federal Tax Transcript.</li> <li>✓ Include verification of the amount of the one-time payment</li> </ul>
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**SEPARATION OR DIVORCE:** Parent/Student filed 2024 joint return but has since separated or divorced.

<ul style="list-style-type: none"> <li>✓ Include letter explaining change in circumstances</li> <li>✓ Include documentation verifying separation or divorce (attorney letter, court documentation, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Include a signed copy of your 2024 and 2025 1040 tax return and W-2s or IRS Federal Tax Transcript.</li> </ul>
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**DEATH OF A PARENT –** Parent passed away after the FAFSA was filed.

<ul style="list-style-type: none"> <li>✓ Include letter explaining change in circumstances</li> <li>✓ Include copy of Death Certificate</li> <li>✓ If joint return was filed, include documentation to show separate sources of income</li> </ul>	<ul style="list-style-type: none"> <li>✓ Include statement of death benefits received (amounts and duration)</li> <li>✓ Include a signed copy of your 2024 and 2025 1040 tax return and W-2s or IRS Federal Tax Transcript.</li> </ul>
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Student Name: \_\_\_\_\_

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**UNUSUAL MEDICAL/DENTAL EXPENSES** – Student/Parent has unusual medical/dental expenses not covered by insurance or included as a deduction on your 1040 tax return, or Dependent/Elderly Care expenses.

- ✓ Include letter explaining change in circumstances
- ✓ Include copy of bill(s) AND receipt(s) of unreimbursed payments
- ✓ Include a signed copy of your 2024 and 2025 tax return and W2s or IRS Federal Tax Transcript.
- ✓ Include detailed breakdown of expenses (elderly care, medical, etc.) & Schedule A of taxes if filed

**NUMBER OF STUDENTS IN COLLEGE** – Student/Parent's family includes additional dependent students (undergraduate students under 24 years old) that will attend college full-time for the 2026-2027 school year that are not accounted for on the FAFSA. Parents must provide more than half of each student's financial support.

- ✓ Include letter explaining how additional dependent student(s) in college creates a financial hardship
- ✓ Provide details on the amount of tuition and fees paid to the additional dependent student(s) institution. The amount listed must take into account the financial aid received from the other institution(s)

**OTHER UNUSUAL CIRCUMSTANCES** – Student/Parent has other unusual circumstances not reflected in the FAFSA. Student Financial Services can only consider adjustments with detailed documentation. Please include as much numerical data as possible to explain your circumstance.

- ✓ Include letter explaining change in circumstances
- ✓ Include a signed copy of your 2024 and 2025 1040 tax return and W-2s or IRS Federal Tax Transcript.

### **ESTIMATED 2025 INCOME**

Provide your best estimate of the amounts you will receive from all sources (include taxable and non-taxable income) from January 1, 2026 to December 31, 2026. If completing this form after December 31, 2026, please provide calendar year 2026 totals only.

### **STUDENT INFORMATION (AND STUDENT SPOUSE/CONTRIBUTOR, IF MARRIED)**

Please indicate amounts for each category of income below. If no income in a category, write in "0".		Actual from 1/1/2026 to today	+	Projected from today through 12/31/2026	=	Projected total for year 2026
<b>TAXABLE INCOME</b>						
Student Earnings from Work (attach most recent pay stub)						
Spouse (Contributor) Earnings from Work (attach most recent pay stub)						
Taxable Interest Income						
Social Security Benefits						
Other (describe):						
<b>Total Taxable Income</b>		+			=	
<b>UNTAXED INCOME</b>						
Cash support or money paid on your behalf						
Tax exempt interest income						
Other (describe):						
<b>Total Untaxed Income</b>		+			=	

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**PARENT/CONTRIBUTOR(S) INFORMATION (DEPENDENT STUDENTS ONLY)**

Please indicate amounts for each category of income below. If no income in a category, write in "0".	Actual from 1/1/2026 to today	+	Projected from today through 12/31/2026	=	Projected total for year 2026
<b>TAXABLE INCOME</b>					
Parent (Contributor) 1's Earnings from Work (attach most recent pay stub)					
Parent (Contributor) 2's Earnings from Work (attach most recent pay stub)					
Taxable Interest Income					
Business/Farm Income					
Unemployment Compensation					
IRA Distributions (taxable portion only)					
Social Security Benefits					
Severance Pay					
Vacation & Sick Pay					
Other (describe):					
Total Taxable Income		+		=	
<b>UNTAXED INCOME</b>					
Workers' compensation / Disability Benefits					
Welfare benefits (AFDC/TANF)					
Child support received					
Payments to tax-deferred pensions/savings plans					
Deductible IRA and/or Keogh payments					
Tax exempt interest income					
Living allowances (as for military and/or clergy, etc.)					
Other (describe):					
Total Untaxed Income		+		=	

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will be required to repay it; I (we) may also be required to pay fines and fees.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Parent Email \_\_\_\_\_