



Student's Name: _____ SSC ID: _____

Complete this form to report changes that have occurred since filing your 2025-26 FAFSA. If clarification of your situation is necessary, additional information or documentation may be requested. **You must provide all requested documentation that is applicable.** Failure to support your circumstances with evidence will result in your appeal being denied. **Submission of this appeal doesn't guarantee a favorable change in your financial aid eligibility. INCOME MUST HAVE DECREASED BY 10% FOR THIS APPEAL TO BE CONSIDERED FOR REVIEW.** Your 2025-2026 FAFSA must be on file and completed before your appeal can be reviewed. **Please Note: Your appeal will only be processed if reduction changes your eligibility for Title IV.**

What is a Special Circumstance?

A family's 2023 total income is used to determine eligibility for a student's financial need on the 2025-2026 FAFSA. However, there may be circumstances that could drastically change a family's financial situation. In such cases, we may use your family's 2024 income or expected 2025 income to determine your Pell Grant Eligibility calculation.

IMPORTANT: A special circumstance request will not be considered for the following situations: (1) high consumer debt, (2) home mortgage expenses, and (3) car payments/expenses. **Also, you must be unemployed for at least 6 months before we will consider your request due to loss of employment.**

Person whose benefits were changed and/or lost: ☐ Self ☐ Spouse

☐ Parent 1 Name: _____ ☐ Parent 2 Name: _____

Required Documentation By Circumstance:

Reason(s) for Appeal: Select all that apply.	Submit:
<input type="radio"/> Legal separation or divorce. Effective date: _____	<ul style="list-style-type: none">• A copy of the divorce decree/separation papers or evidence of separate living accommodations.• Documentation of alimony to be received for 2024.• Documentation of child support to be received for 2024.
<input type="radio"/> Death of a parent or spouse. Date of death: _____	<ul style="list-style-type: none">• Copy of death certificate.
<input type="radio"/> Loss of employment due to layoff or termination Effective date: _____	<ul style="list-style-type: none">• A letter of separation from employer on company letterhead (must include last day worked).• Copy of Unemployment Income showing benefit amount, start date or statement of ineligibility.• Documentation of severance pay received.• Payment history from the unemployment office.
<input type="radio"/> Loss of other income Effective date: _____	<ul style="list-style-type: none">• Documentation of termination of benefits.• Documentation of expected 2024 benefits.• Providing all supporting documentation to show loss.

Required Documentation Checklist

- ☐ A copy of you and your parent(s) or you and your spouse’s Federal Income Tax Transcript for 2023 and 2024.
- ☐ A copy of you and your parent(s) or you and your spouse’s 2023 and 2024 W-2 forms.
- ☐ A copy of your parent(s) or you and your spouse’s last pay stubs showing year to date earnings, if loss occurred in 2025.
- ☐ A typed, dated and signed letter detailing the date and reasons of your parent(s) or you and your spouse’s loss of income.
- ☐ Complete and submit the 25-26 Verification Worksheet

Please Note: Students submitting requests for changes of income that occurred after January 1, 2026 may be required to submit their 2025 Federal Tax Transcripts and W2’s.

Certifications and Signatures

Federal Warning: Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine up to \$20,000 or imprisonment or both under provisions of the U.S. Code.

I declare under penalty of perjury that all information reported on this form and all the information reported on the 2025-2026 Free Application for Federal Student Aid which will be used to qualify for state and federal student aid is true, complete and accurate.

I certify that I have read and understand all items on this form and all information provided for my financial aid is true and correct.

Student’s Signature: _____ Date: _____

Spouse/Parent’s Signature: _____ Date: _____

Office Use Only:

☐ Approved ☐ Denied ☐ Pending

Comments:

Reviewed by: _____ Date: _____