SPECIAL CIRCUMSTANCES APPLICATION

Award Year 2026-2027

A. This form may be used for the 2026-2027 school year if you or your spouse (independent students), or parents' (not student's) financial situation has significantly changed. *Examples: loss of job, loss of benefit such a social security, death of spouse or parent, or extensive medical expenses paid.*

PLEASE NOTE: If you choose to quit your job to return to school this is NOT a special circumstance. REQUIRED: Please provide as much possible below regarding the special circumstance (use back of this form or attach additional information as needed).

_____

_____

_____

_____

B. **DOCUMENTS** - You must submit all of the below checked verification requirements.

_____Special Circumstance Application

_____ 2025 IRS Tax Transcript

_____ 2025 W2s

_____ Unemployment Benefits

_____ Last paystub with year-to-date information

_____ Notice of Termination from employer

_____ Severance package statement

_____ 401 K payout statement

--------- Medical bills and any supporting documentation from your doctor stating condition (if this application is due to a medical condition)

C. Before an adjustment can be made to your status, you must provide complete information regarding your estimates of the change in financial situation for you. **You must** attach statements from your spouse or your parents. Please provide the best possible estimates for the period January 1, 2025 to December 31, 2025.

Estimated Taxable Income for 2025:	**You/Your Spouse**	**Your Parents**
How much you/your father will earn from work?	$_____	$_____
How much your spouse/your mother will earn from work?	$_____	$_____
How much you/your spouse/your parents will receive in unemployment benefits?	$_____	$_____
How much you/your spouse/your parents will have in other taxable income? (i.e. interest or dividends, etc.)	$_____	$_____
Total Estimated Taxable 2025 Income:	$_____	$_____

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Estimated Untaxed Income and Benefits for 2025:	**You/Your Spouse**	**Your Parents**
Social Security Benefits	$_____	$_____
Aid for Families with Dependent Children (AFDC or ADC)	$_____	$_____
Other untaxed income and benefits (i.e. child support, workers comp., etc.)	$_____	$_____
Total Estimated 2025 Untaxed Income and Benefits:	$_____	$_____

Estimated amount of Unusual Expenses that will be paid in 2025:	**You/Your Spouse**	**Your Parents**
Expense Type:_____	$_____	$_____
Expense Type:_____	$_____	$_____
Less (-) Amount Paid by Insurance	$_____	$_____
Net Estimated **2025** Unusual Expenses (total expenses less insurance)	$_____	$_____

D. **Certification:** All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, the student may not be processed for financial aid.

_____ Date: ___/___/___ _____ Date: ___/___/___
Student's Signature Father's Signature

_____ Date: ___/___/___ _____ Date: ___/___/___
Spouse's Signature Mother's Signature

Office Use Only: Action Taken:_____ Date: ___/___/___ SFA Initials:_____

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