

**2024-25 Special Circumstance Request – Dependent**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Submitting an appeal does not guarantee an adjustment will be made to your financial aid package.**

Special consideration may be available if your family’s current financial situation is not accurately reflected by the 2022 tax information reported on your FAFSA. You must submit a signed detailed letter explaining the situation and required documentation as outlined below. All documents must be completed and received before the Special Circumstance Committee will review the request. **Please use black or blue ink.**

- Checklist for ALL appeals:**
- Parent(s) 2023 Federal Tax Return (signed) and Schedules 1-3 (if applicable)
  - Copy of parent(s) 2023 W2s
  - Signed letter detailing circumstance
  - Parent(s) most recent paystub(s)

**Section A: Criteria for Consideration** *Check all circumstances you would like to be considered and submit required documentation. The documentation listed below is not an inclusive list. Additional information may be requested on a case-by-case basis.*

**Death of parent**  
 Name of Deceased: \_\_\_\_\_ Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 • Copy of Death Certificate or Obituary  
 • Copy of parent(s) 2022 Federal Tax Return (signed) and Schedules 1-3 (if applicable)  
 • Copy of parent(s) 2022 W2s

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**Parent divorce/separation**  
 Date of divorce/separation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name of parent who will provide more than half of your financial support: \_\_\_\_\_  
 Number in named parent’s family: \_\_\_\_\_ (include student, parent, any other dependent children, and other people living with the parent)  
 • Copy of Divorce Decree or letter from attorney OR proof of separate residences  
     ▪ utility bills, mortgage statements, rental agreement etc.  
 • Copy of parent(s) 2022 Federal Tax Return (signed) and Schedules 1-3 (if applicable)  
 • Copy of parent(s) 2022 W2s

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**Parent is retired, unemployed for at least 8 weeks, or has a change in employment resulting in an income reduction**  
 Relationship: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 • Unemployment Documentation (if applicable)  
 • Documentation of situation

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**Loss of benefits, such as unemployment, disability, social security, veterans, child support, or alimony**  
 Relationship: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 • Documentation of situation

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**Non-recurring payments received during the FAFSA tax year will not be repeated**  
 Type of Income: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 • Documentation of situation

## Section B: Income

Complete the Gross Taxed Income and the Untaxed Income sections below for your family's expected income **prior to exemptions, adjustments, or deductions**. Include all estimated income from January 1, 2024 to December 31, 2024.

Please include estimates for the full year.  
If none, enter zero.

### Total 2024 Gross Taxed Income

1. Wages, salaries, tips, severance pay
2. Business or farm income (self-employment)
3. IRA distributions, pensions, and annuities
4. Alimony
5. Unemployment Compensation
6. Other taxed income (specify) \_\_\_\_\_

### Parent 1 Income

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Parent 2 Income

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### **Total 2024 Gross Taxed Income**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

### Total 2024 Untaxed Income

1. IRA deductions and payments to self-employed SEP, SIMPLE, and other qualified plans
  - 1040 Schedule 1, total of lines 16 + 20
2. Untaxed portion of IRA distributions
  - 1040 line 4a minus 4b
3. Untaxed portion of pensions and annuities
  - 1040 line 5a minus 5b
4. Foreign earned income exclusion
  - 1040 Schedule 1, Line 8d

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

## Section C: Signature

I hereby certify that all information contained in this request is true and complete to the best of my knowledge. I understand that all special circumstances are reviewed on a case-by-case basis and the submission/review of this form does not guarantee a change in the student's financial aid eligibility.

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

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

**Electronic signatures will not be accepted.**