

2023-2024 SPECIAL CIRCUMSTANCES REVIEW FORM

Student Financial Services

Last Name	First Name		M.I.	Student ID	
Street Address	City	State	Zip	Phone Number	
Note: You must file (or h considered.	ave filed) a 2023-2024 Free Applic	ation for Feder	al Student Aid ((FAFSA) before your appeal can	be
change in circumstance d original data was reporte before we can review you assistance in completing t All special circumstances	Ijust the income reported on the 20 luring the calendar or academic yeard accurately. If your FAFSA has been appeal. Failure to submit require this form, please contact us. Somust be explained in writing with the cion for each case. Please give spectorder.	ar. In order to nen selected for I ded documentati happropriate si	nake adjustmen Federal verificat on will delay pro upporting docu	nts to the FAFSA data, we must vertion, you must complete that proopersing of this form. If you need mentation. The following list hi	verify the occess d
REDUCTION OF INCOME return. We will not revie employment. ✓ Include letter e ✓ Include last che	E: Student/Parent continuing unemew a special circumstance due to lobexplaining change in circumstances eck stub(s) from previous employer from previous employer stating dat	oss of employm	ent unless 3 mo Include benef Include a sign W-2s	onths have passed since the last of fit or denial letter from employmed copy of your 2021 and 2022 to test statement of unemploymen	date of nent 1040 and
SERVICTION OF ONE TH	AS DAMAGNIT: Child and /Danagh nage	'! - ONE TIN	45 DAMAENT (-	1 - IDAilialina	
winnings, settlement, ca ✓ Include letter e	ME PAYMENT: Student/Parent rece apital gains, etc.) explaining change in circumstances ation of how one-time payment wa	√	Include a sign W-2s	ension, IRA, annuities, gambling ned copy of your 2021 and 2022 1 cation of the amount of the one-	1040 and
✓ Include letter e✓ Include docum	CE: Parent/Student filed 2021 joint explaining change in circumstances entation verifying separation or diversity of the court documentation, etc.)	√	•	d or divorced. ned copy of your 2021 and 2022 :	1040 and
	6 1 545	- 61 1			
✓ Include letter e ✓ Include copy of ✓ If joint return v	Parent passed away after the FAFSA explaining change in circumstances f Death Certificate was filed, include documentation to sources of income	√	(amounts and	ment of death benefits received d duration) ned copy of your 2021 and 2022 (

rependent/Elderly Care expenses. ✓ Include letter explaining change in circumstances ✓ Include copy of bill(s) AND receipt(s) of unreimburse payments			 ✓ Include a signed copy of your 2021 and 2022 1040 and W2s. ✓ Include detailed breakdown of expenses (elderly care, medical, etc.) & Schedule A of taxes if filed 						
OTHER UNUSUAL CIRCUMSTANCES – Studiaid office can only consider adjustments to your circumstance. ✓ Include letter explaining change in ✓ Include a signed copy of your 202 W-2s	o financial aid appl n circumstances	licati							
ESTIMATED 2022 INCOME Provide your best estimate of the amounts you will receive from all sources (include taxable and non-taxable income) from January 1, 2023 to December 31, 2023. If completing this form after December 31, 2023, please provide calendar year 2023 totals only. PARENT(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 1/1/2023 to today	+	Projected from today through 12/31/2023	=	Projected total for year 2023				
TAXABLE INCOME									
Parent 1's Earnings from Work (attach									
most recent pay stub)									
Parent 2's Earnings from Work (attach most recent pay stub)									
Taxable Interest Income				7					
Business/Farm Income				7					
Unemployment Compensation				7					
IRA Distributions (taxable portion only)				7					
Social Security Benefits									
Severance Pay									
Vacation & Sick Pay									
Other (describe):		L							
Total Taxable Income		+		=					
UNTAXED INCOME									
Workers' compensation / Disability									
Benefits									
Welfare benefits (AFDC/TANF)									
Child support received									
Payments to tax-deferred pensions/savings plans									

UNUSUAL MEDICAL/DENTAL EXPENSES – Student/Parent has unusual medical/dental expenses not covered by insurance, or

Student Name:

Deductible IRA and/or Keogh payments

Living allowances (as for military and/or

Tax exempt interest income

clergy, etc.)
Other (describe):
Total Untaxed Income

Student Id:

STUDENT INFORMATION (AND STUDENT S	POUSE, IF MARRIE	D)			
Please indicate amounts for each category of income below. If no income in a category, write in "0".	Actual from 1/1/2023 to today	+	Projected from today through 12/31/2023	=	Projected total for year 2023
TAXABLE INCOME					
Student Earnings from Work (attach					
most recent pay stub)					
Spouse Earnings from Work (attach					
most recent pay stub)					
Taxable Interest Income					
Social Security Benefits					
Other (describe):					
Total Taxable Income		+		=	
UNTAXED INCOME					
Cash support or money paid on your behalf					
Tax exempt interest income		Ī			
Other (describe):					
Total Untaxed Income		+		=	
I (We) hereby affirm that all information repest of my (our) knowledge. I (We) underst need to repay it; I (we) may be required to	and that if I (we) re	eceiv			
Student Signature					
Parent Signature					
Parent email					

Student Name:

Student Id: