



2026-27 SPECIAL CIRCUMSTANCES FORM

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The Department of Education allows Financial Aid offices to use professional judgment to re-evaluate financial aid eligibility when the family income changes. *Please note that you must complete a 2026-27 FAFSA before we can consider making any adjustments. Incomplete petitions will be returned.*

B Number	Name
Email Address	Phone Number

Is this request for EOPS (Extended Opportunity Programs & Services)? ☐ Yes ☐ No

SECTION I: CHANGE IN FINANCIAL CIRCUMSTANCES (Check all that apply)

- ☐ Loss of income due to loss of job/forced reduction in work hours
- ☐ Loss of income due to separation from military
- ☐ Loss of one-time income
- ☐ Loss of income due to divorce/separation
- ☐ Loss of income due to death of spouse or parent
- ☐ Financial loss/hardship due to Natural disaster

SECTION II: PROJECTED INCOME WORKSHEET (Provide all sources that apply) 2026 Calendar Year

STUDENT:

Source of Income	Start Date	End Date	Total Income	Documentation
Employer (Name): _____				Last (2) paystubs w/ YTD earnings
Employer (Name): _____				Last (2) paystubs w/ YTD earnings
Disability Insurance:				Notice of Computation statement from EDD
Unemployment Insurance:				Unemployment insurance award letter from EDD
Other (Specify): _____				Proof of income or support.

Total Student Income \$ _____

SPOUSE/PARENT

Source of Income	Start Date	End Date	Total Income	Documentation
Employer (Name): _____				Last (2) paystubs w/ YTD earnings
Employer (Name): _____				Last (2) paystubs w/ YTD earnings
Disability Insurance:				Notice of Computation statement from EDD
Unemployment Insurance:				Unemployment insurance award letter from EDD
Other (Specify): _____				Proof of income or support.

Total Spouse/Parent Income \$ _____

Total Student Income		\$	_____
Total Spouse/Parent Income	+	\$	_____
Total Family Income	=	\$	_____

SECTION III. PERSONAL STATEMENT

- ☐ Per the reason(s) indicated in Section I, write a statement providing a brief history of the circumstances that led to the change in your financial situation for 2026. Include dates where income changed and/or stopped. Your statement should also include explanation of income sources listed in Section II (Projected Income Worksheet).

SECTION IV. REQUIRED VERIFICATION DOCUMENTATION**Verification Items**

(Required of All Students)

- ✓ Verification Worksheet
- ✓ Accept Financial Aid Terms and Conditions
- ✓ Student's Prior, Prior Year Tax Return Transcripts (Unless IRS Transfer is already completed)
- ✓ Student and/or Spouse's W2s
- ✓ Parent's Prior, Prior Year Tax Return Transcripts (Unless IRS Transfer is already completed)
- ✓ Parent's W2s

Documentation of Circumstances

(Submit All That Apply)

- ☐ Proof of Termination/Loss of Hours
 - Termination Notice- providing last day of employment or date of forced reduction in hours.
 - Last Paystub- reflecting year to date earnings, reduced hours, and/or reduced pay.
- ☐ Unemployment Award/Denial Letter
 - If unavailable, provide last two (2) unemployment stubs.
- ☐ Disability Notice of Computation/Award Letter
 - If unavailable, provide last two (2) disability stubs.

- ☐ DD214
- ☐ Proof of Divorce/Separation
 - Copy of Divorce Decree or Statement of Separation
 - Proof of separate addresses (i.e. postal mail, utility bills, taxes, etc.)
- ☐ Proof of Death of Parent or Spouse
 - Copy of Death Certificate
- ☐ Documentation of Natural Disaster (i.e. FEMA disaster assistance form, insurance appraisal form, etc.)
- ☐ Other: _____
- ☐ Other: _____

SECTION V. PROCESSING TIMELINE

Special Circumstance Petitions are reviewed solely by the Financial Aid Technician III. Expected review time is between 2-4 weeks from the date that a complete petition is submitted. Students will be notified via email if professional judgement is exercised and if awards will be adjusted. If additional documentation is needed (and not provided) the processing time may be delayed.

SECTION VI. CERTIFICATION

I, _____, certify that the information and documentation provided is true and correct. I understand that income or expenses not documented will not be considered. I further understand that if this is based on projected year income, I may, at some point, be required to provide additional information to confirm projected year income. I also understand that if actual income varies from projected income, the financial aid award may be adjusted and I may be responsible for repaying an overpayment of aid received. I further understand this is an appeal for consideration and submission does not guarantee or constitute approval.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

OFFICE USE ONLY

Date Verified: _____ Verified By: _____

PJ Completed

Date: _____

Completed By: _____

Old EFC: _____

New EFC: _____

Approved ☐ Comments: _____

Denied ☐ Action Needed: _____