

This form is to request an income adjustment to your 2023-2024 Free Application for Federal Student Aid (FAFSA) due to a loss of income, benefit, or because of unusual circumstances during the calendar or academic year.

**All students MUST submit the following documentation regardless of circumstance:**

| DEPENDENT STUDENT   | INDEPENDENT STUDENT  |
|---|--|
| <ul style="list-style-type: none"> <li>✓ Student's current check stub (if employed)</li> <li>✓ Father's current check stub (if employed)</li> <li>✓ Mother's current check stub (if employed)</li> <li>✓ Current check stubs or statements for all untaxed benefits</li> <li>✓ Signed copies of parent's and student's 2021 taxreturn transcript, schedules, and all W-2's</li> <li>✓ Signed copies of parent's and student's 2022 taxreturn transcript, schedules, and all W-2's</li> <li>✓ Signed copies of parent's and student's 2023 taxreturn transcript, schedules, and all W-2's*</li> </ul> <p>*If you are completing this form after January 2024</p> | <ul style="list-style-type: none"> <li>✓ Student's current check stub (if employed)</li> <li>✓ Spouse's current check stub (if employed)</li> <li>✓ Current check stubs or statements for all untaxed benefits</li> <li>✓ Signed copies of student's and spouse's 2021 taxreturn transcript, schedules, and all W-2's</li> <li>✓ Signed copies of student's and spouse's 2022 taxreturn transcript, schedules, and all W-2's</li> <li>✓ Signed copies of student's and spouse's 2023 taxreturn transcript, schedules, and all W-2's*</li> </ul> <p>*If you are completing this form after January 2024</p> |

**Submit the documentation required below depending on your situation. Special Circumstance Requests are reviewed on a case-by-case basis. You may be required to submit additional documentation after our initial review. Prior to completing this form, we recommend you contact our office to verify which tax year's information is needed.**

| CIRCUMSTANCE:   | IF YOU ARE FILING THIS REQUEST DURING 2023:  | IF YOU ARE FILING THIS REQUEST DURING 2024   |
|---|--|--|
| <p><b><u>Loss of Employment:</u></b><br/>           Student/Spouse/Parent was working but is now unemployed or earning less income.</p>   | <ul style="list-style-type: none"> <li>• Last pay check stub(s) from all previous jobs in 2023</li> <li>• Letter from previous employer(s) indicating last date of employment</li> <li>• Award notification letter or current print out from Employment Development Department (EDD) indicating amount of unemployment compensation paid, if applicable</li> </ul> | <ul style="list-style-type: none"> <li>• Last pay check stub(s) from all previous jobs in 2024</li> <li>• Letter from previous employer(s) indicating last date of employment</li> <li>• Award notification letter or current print out from Employment Development Department (EDD) indicating amount of unemployment compensation paid, if applicable</li> </ul> |
| <p><b><u>Loss of Benefit:</u></b><br/>           Student/Spouse/Parent has lost all or a portion of a cash benefit.</p>   | <ul style="list-style-type: none"> <li>• Last pay check stub(s) or current print out of benefit(s) received in 2023</li> <li>• Letter from agency that provided benefit verifying when the benefit was terminated</li> </ul>   | <ul style="list-style-type: none"> <li>• Last pay check stub(s) or current print out of benefit(s) received in 2024</li> <li>• Letter from agency that provided benefit verifying when the benefit was terminated</li> </ul>   |
| <p><b><u>Deduction of a One-Time Payment:</u></b><br/>           Student/Spouse/Parent received a one-time payment such as a pension, IRA, annuity, gambling winnings, settlement, etc. and the payment was used to cover expenses.</p> | <ul style="list-style-type: none"> <li>• Documentation verifying the amount, purpose, and date of the payment</li> <li>• Receipt(s) and/or other documentation showing how payment was spent</li> <li>• Copies of two most recent bank statements for all bank accounts</li> </ul>   | <ul style="list-style-type: none"> <li>• Documentation verifying the amount, purpose, and date of the payment</li> <li>• Receipt(s) and/or other documentation showing how payment was spent</li> <li>• Copies of two most recent bank statements for all bank accounts</li> </ul>   |
| <p><b><u>Change in Marital Status:</u></b><br/>           Student/Parent is now married, separated or divorced</p>  | <ul style="list-style-type: none"> <li>• Court documents verifying legal separation, divorce, or marriage</li> </ul>   | <ul style="list-style-type: none"> <li>• Court documents verifying legal separation, divorce, or marriage</li> </ul>   |
| <p><b><u>Death of Spouse or Parent:</u></b><br/>           Spouse/Parent passed away after the FAFSA was filed.</p>   | <ul style="list-style-type: none"> <li>• Death Certificate</li> </ul>  | <ul style="list-style-type: none"> <li>• Death Certificate</li> </ul>  |
| <p><b><u>Unusual Expenses:</u></b><br/>           Student/Spouse/Parent incurred and paid for medical expenses not covered by insurance or private school tuition.</p>  | <ul style="list-style-type: none"> <li>• Copies of original bill(s)</li> <li>• Copies of receipt(s) or document(s) verifying payment</li> </ul>  | <ul style="list-style-type: none"> <li>• Copies of original bill(s)</li> <li>• Copies of receipt(s) or document(s) verifying payment</li> </ul>  |

**STUDENT INFORMATION:**

Name: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**EXPLANATION OF CIRCUMSTANCE (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Loss of employment            | <input type="checkbox"/> Change in Marital Status  |
| <input type="checkbox"/> Loss of benefit               | <input type="checkbox"/> Death of spouse or parent |
| <input type="checkbox"/> Deduction of one-time payment | <input type="checkbox"/> Unusual expenses          |

Give specific dates and reasons as to when and why income changes occurred - be specific and list events in chronological order. If you need more space, attach a separate sheet of paper.

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**VERIFICATION OF HOUSEHOLD SIZE:**

Write in the names of all household members. Also write in the name of the college attended for any household member (excluding parents) who will be attending college at least half-time between July 1, 2023 and June 30, 2024 and will be enrolled in a degree or certificate program. If you need more space, attach a separate sheet of paper.

**Dependent Students:**

- Include yourself, your parent(s) (including stepparent) even if you don't live with your parents, and
- Your parent(s) dependent children, even if they don't live with your parents if your parents provide more than half of their support OR if they would be required to give parental information when filling out a FAFSA
- Other dependents ONLY IF they now live with your parent(s) AND your parents provide more than half of their support from 07/01/2023 to 06/30/2024

**Independent Students:**

- Include yourself and your spouse if you are legally married
- Your children if you provide more than half of their support from 07/01/2023 to 06/30/2024 and
- Other dependents ONLY IF they live with you and you will provide more than half of their support from 07/01/2023 to 06/30/2024

| Full Name | Age | Relationship to Student | Name of College |
|-----------|-----|-------------------------|-----------------|
|           |     |                         |                 |
|           |     |                         |                 |
|           |     |                         |                 |
|           |     |                         |                 |

**CERTIFICATION:**

I/We certify that all the information reported to qualify for federal aid is complete and correct to my/our knowledge. I/we understand that if additional documentation is required, I/we will submit those documents in a timely manner or my Special Circumstance Request will be denied. I/we also understand that if I/we give false or misleading information, I/we may be fined, jailed, or both.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (required if student is dependent)

\_\_\_\_\_  
Date

## **STUDENT/SPOUSE INCOME INFORMATION**

### **Student/Spouse Tax Filing Status (check one box only):**

- I/WE HAVE FILED a 2021 federal income tax return (attached is a copy of a tax return transcript). Contact IRS at 1-800-908-9946 for a copy of your tax return transcript.
- I/WE DID NOT WORK and are not required to file a 2021 federal tax return.
- I/WE WORKED but did not file a 2021 federal income tax return.

**Student/Spouse income information** - Include wages earned from work, business or investment income, pension disbursements, unemployment compensation and all other income sources

| <b>Type of Income</b> | <b>Received in 2021</b> | <b>Received in 2022</b> | <b>Estimated for 2023</b> |
|-----------------------|-------------------------|-------------------------|---------------------------|
|                       | \$                      | \$                      | \$                        |
|                       | \$                      | \$                      | \$                        |
|                       | \$                      | \$                      | \$                        |
|                       | \$                      | \$                      | \$                        |

| <b>Other Income Enter the total amounts for the year</b>   | <b>Received in 2021</b> | <b>Received in 2022</b> | <b>Estimated for 2023</b> |
|--|-------------------------|-------------------------|---------------------------|
| Child support PAID. Do not include support for children in your household.   | \$                      | \$                      | \$                        |
| Taxable earnings from need-based employment programs such as Federal Work Study.   | \$                      | \$                      | \$                        |
| Combat pay or special combat pay - only enter the amount that was taxable and included in your Adjusted Gross Income (AGI).  | \$                      | \$                      | \$                        |
| Payments to tax-deferred pension and savings plans including, but not limited to, amounts reported the W-2 form in boxes 12a through 12d, codes D, E, F, G, H, and S.  | \$                      | \$                      | \$                        |
| Child support RECEIVED for all children in the household. Don't include foster care or adoption payments.  | \$                      | \$                      | \$                        |
| Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-basis military housing or the value of a basic military allowance for housing. | \$                      | \$                      | \$                        |
| Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and /or VA Educational Work-Study allowances.  | \$                      | \$                      | \$                        |
| Other untaxed income not reported, such as worker's compensation, disability, etc. DO NOT include student aid, welfare (TANF) payments, untaxed Social Security benefits, SSI, combat pay, flexiblespending arrangements.  | \$                      | \$                      | \$                        |
| Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.  | \$                      | \$                      | \$                        |

| <b>Asset Information Enter the value of any assets as of the day you filled out this form</b>   | <b>Current Value</b> | <b>Current Debt</b> |
|---|----------------------|---------------------|
| What is your/your spouse's total current balance of cash, savings, and checking accounts?   | \$                   | XXXXXXXXXXXX        |
| What is the value and debt of your/your spouse's investments, including real estate? DO NOT include the home you live in, the value of life insurance, or retirement plans.   | \$                   | \$                  |
| What is the value and debt of your/your spouse's current business and/or investment farm? DO NOT include the value of your/your spouse's small business that has less than 100 employees or a family farm that you/your spouse live on and operate. | \$                   | \$                  |

**PARENT(S) INCOME INFORMATION - Complete this section if you are considered DEPENDENT for financial aid purposes:**

**Parents' Tax Filing Status (check one box only):**

MY PARENT(S) HAVE FILED a 2021 federal income tax return (attached is a copy of a tax return transcript).

Contact the IRS at 1-800-908-9946 for a copy of your tax return transcript.

- MY PARENT(S) DID NOT WORK and are not required to file a 2021 federal tax return.
- MY PARENT(S) WORKED but did not file a 2021 federal income tax return.

**Parents' income information** - Include wages earned from work, business or investment income, pension disbursements, unemployment compensation and all other income sources.

| TYPE OF INCOME | Received in 2021 | Received in 2022 | Estimated for 2023 |
|----------------|------------------|------------------|--------------------|
|                | \$               | \$               | \$                 |
|                | \$               | \$               | \$                 |
|                | \$               | \$               | \$                 |
|                | \$               | \$               | \$                 |

**ADDITIONAL FINANCIAL INFORMATION**

| Other Income Enter the total amounts for the year  | Received in 2021 | Received in 2022 | Estimated for 2023 |
|--|------------------|------------------|--------------------|
| Child support PAID. Do not include support for children in your household.   | \$               | \$               | \$                 |
| Taxable earnings from need-based employment programs such as Federal Work Study.   | \$               | \$               | \$                 |
| Combat pay or special combat pay - only enter the amount that was taxable and included in your Adjusted Gross Income (AGI).  | \$               | \$               | \$                 |
| Payments to tax-deferred pension and savings plans including, but not limited to, amounts reported the W-2 form in boxes 12a through 12d, codes D, E, F, G, H, and S.  | \$               | \$               | \$                 |
| Child support RECEIVED for all children in the household. Don't include foster care or adoption payments.  | \$               | \$               | \$                 |
| Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-basis military housing or the value of a basic military allowance for housing. | \$               | \$               | \$                 |
| Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and /or VA Educational Work-Study allowances.  | \$               | \$               | \$                 |
| Other untaxed income not reported, such as worker's compensation, disability, etc. DO NOT include student aid, welfare (TANF) payments, untaxed Social Security benefits, SSI, combat pay, flexiblespending arrangements.  | \$               | \$               | \$                 |
| Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.  | \$               | \$               | \$                 |

| ASSET INFORMATION Enter the value of any assets as of the day you filled out this form   | Current Value | Current Debt   |
|--|---------------|----------------|
| What is your parent(s) total current balance of cash, savings, and checking accounts?  | \$            | XXXXXXXXXXXXXX |
| What is the value and debt of your parent(s) investments, including real estate? DO NOT include the home they live in, the value of life insurance, or retirement plans.   | \$            | \$             |
| What is the value and debt of your parent(s) current business and/or investment farm? DO NOT include the value of your parent(s) small business that has less than 100 employees or a family farm that your parent(s) live on and operate. | \$            | \$             |

