



25/26 Special Circumstances Request Form

Your 2025-26 financial aid is based on 2023 income reported on the FAFSA. If you and/or your parents experienced a reduction in income or loss of employment that reduced your/their income or limits their ability to contribute toward your educational expenses, you may request that the Financial Aid Office review your circumstances. Complete and return this form to the Financial Aid Office along with documentation to support your request

CFCC ID # _____

Student Name: _____ Phone #: (____) _____ Soc. Security # _____ (Required)
(Print Clearly)

Address: _____
Street Apt City State Zip

Reasons for review of financial aid eligibility: **Check condition and circle the person for whom it applies:**

- You/Your Spouse/Your Parent(s)** were/was employed in 2023 but are/is now unemployed or under employed. **Required Documentation:** Statement on company letterhead from employer which specifies your last date of employment and/or date(s) of reduced hours; signed copy of 2024 federal income tax return with attached W-2 forms; last pay stub; verification of unemployment benefits.
- Your/Your Spouse/Your Parent(s)** earned money in 2023, but have/has been unable to pursue normal income-producing activities during 2024 due to a disability. **Required Documentation:** Physician’s statement; signed copy of 2024 federal income tax return with attached W-2 forms; last pay stub.
- You/Your Spouse/Your Parent(s)** received unemployment compensation or other reported income in 2023 and have/ has had a lessor reduction of these benefits in 2024. **Required Documentation:** Letter of explanation from source of benefit; wage transcript; signed copy of 2024 federal income tax return with attached W-2 forms (if unemployment benefits received).
- You/Your Parents** have become separated or divorced after you submitted your application for Federal Student Financial Aid. **Date of Separation or Divorce:** ____/____/____ **Required Documentation:** Copy of divorce or legal separation documents; if unavailable, obtain a letter from an attorney, minister, or other responsible third party (non-relative) describing situation and date of divorce or separation.
- Your Spouse/Your Parent** whose 2023 income was reported on your application for Federal Student Aid has died since you submitted your application. **Date of Death:** ____/____/____ **Required Documentation:** Death Certificate.
- Dependent Student only:** Your last surviving parent, with whom you had a dependency relationship, has died after you submitted your Federal Student Financial Aid Application. **Date of Death:** ____/____/____ **Required Documentation:** Death Certificate.
- Other:** Please explain briefly and concisely those circumstances to be considered when reviewing your financial aid eligibility. Examples include: high unreimbursed medical expenses, nursing home expenses, etc. **Please submit proof of these circumstances with this form.**



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**Student/Spouse/Parent(s) 2024 Income or 2025 Expected Income:
Do not leave any items blank. Report total yearly figures (not monthly).**

	<u>Student</u>	<u>Spouse</u>	<u>Parent(s)</u>
2024 or 2025 Expected Income from Work	\$ _____	\$ _____	\$ _____
2024 or 2025 Unemployment benefits	\$ _____	\$ _____	\$ _____
2024 or 2025 Other Taxable Income (e.g. Unemployment benefits, Veterans Non-Education benefits):	\$ _____	\$ _____	\$ _____
2024 or 2025 Other Non-Taxable Income (e.g. child support):	\$ _____	\$ _____	\$ _____
Total 2024 Income <u>OR</u>	\$ _____	\$ _____	\$ _____
Total Expected 2025 Income	_____	_____	_____

Warning - I understand that if I purposely give false or misleading information in connection with my application for Federal Student Aid, I may be subject to a fine of up to \$20,000, sent to prison, or both. I also understand that if the income estimates provided above are substantially different from what is actually earned for that year, I will lose my ability to request any future adjustments in subsequent application years.

_____ Student Signature

_____ Date

_____ Spouse/Parent Signature

_____ Date

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For Office Use Only

_____ Approved Recalculated EFC: _____ ISIR Reprocessed: ____/____/____

Calculated taxes paid: _____

Data elements and amounts to be adjusted: _____

_____ Denied Reason: _____

I hereby use my professional judgment to **adjust/not adjust** this student's expected family contribution.

_____ Financial Aid Administrator

_____ Date