

2025-2026 SPECIAL CIRCUMSTANCE APPEAL FORM (SAI)

Student Name:	CIA ID:
Phone Number:	Email:
that you make us aware of these si Application for Federal Student Aid	d events can affect a family's ability to pay for college, and it is important ituations that you believe are not reflected accurately on the 2025-2026 Free I (FAFSA) and your Student Aid Index (SAI). The federal formulas used to on from two years prior. We understand the possibility of changes to family act on anticipated changes.
	a is approved, we will make corrections to your FAFSA which may result in y, however an increase cannot be guaranteed.
the requested documentation. Verif	cumstance and act upon your request, please complete this form and attach fication of your FAFSA is included in this process. If your tax information a exchange on your FAFSA, we will request your 2023 federal tax
Decisions are final and further app	peals will be reviewed only if new information or circumstances arise.
Reason for Request:	

Select the box that best describes your situation and provide the requested documentation: One-time Income Payment: You or your parent(s) received a one-time income payment in 2023 (may include pension or IRA distribution, inheritance, or bonus.) Additional required documentation: 1.) Documentation of one-time payment 2.) Explanation of why one-time payment in not available for educational purposes *Consumer debt cannot be considered when determining a family's ability to contribute to a student's education [] Loss of Untaxed/Taxable income: Child Support, Alimony, Workers Comp., social security, reduced income etc. List benefit or Untaxable/Taxable income source: ______ Date of Benefit or Income Loss: _____Amount received for 2023:____ Additional required documentation: Termination letter from provider/agency. Separation/Divorce after the FAFSA was submitted: Date of Separation/Divorce: Additional required documentation: 1.) Separation or divorce papers 2.) All 2023 W-2's for both parents [] Death of parent(s) Name of Deceased: _____ Date of Death: _____ Relationship to Student: Additional required documentation: 1.) Proof of death 2.) All 2023 W-2 for parent(s) Private School Tuition paid for legal dependents Elementary/Secondary school tuition expense totaling \$______ for 2023 tax year Name of child/children: Additional required documentation: A statement on school letterhead, indicating the amount paid minus scholarships/tuition assistance. [] Excessive Medical or Dental Payments: Payments must be those unreimbursed, do not include taxexempt insurance premiums or expenses paid by medical saving through payroll deductions. Additional required documentation: 1.) Copy of Schedule A from 2023 Federal Tax Return and/or 2.) Proof of medical expenses paid from medical provider, not covered by insurance company Loss of Employment: i.e. layoff, termination, retirement Only if 2025 income will be substantially lower than 2023 income (check one) ___Mother ___Father ___Student Date of Loss: ____/___/ Additional required documentation: 1.) A letter on letterhead from previous employer indicating last day worked 2.) Last paystub showing year to date earnings or letter from employer indicating year to date earnings 3.) Unemployment Benefits Determination Statement, severance package 4.) Most current paystub, if employed [] Other unusual circumstances Additional required documentation: 1.) Detailed statement explaining circumstances

2.) Supporting documentation

EVERYONE MUST COMPLETE THE FOLLOWING SECTIONS

HOUSEHOLD INFORMATION:

Dependent Student: List the people in your parents' household include:

- · You, the student
- The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
 - They live with the student's parents (or live apart because of college enrollment),
 - o They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
 - o They live with the student's parents,
 - They receive more than half of their support from the student's parents, and
 - o They will continue to receive more than half their support from the student's parents during the award year.
- The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent of a U.S. tax return if the parent were to fil a U.S. Tax return at the tine of completing the 2025-26 FAFSA. As a result, the parent should not include any unborn children in the family size.

Independent Student: List the people in your household, include:

- You, the student.
- The student's spouse, if the student is married.
- The student's dependent children if the following are true:
 - They live with the student (or live apart because of college enrollment);
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.
- Other people if the following are true:
 - They live with the student;
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.

Print the names of all household members in the chart below. Also, write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half time between July 1, 2025, and June 30, 2026, and will be enrolled in a degree, diploma, or certificate program. If you need more spaces, attach a separate page.

Full Name	Age	Relationship	College/University
		Self	CIA

ESTIMATE OF 2025 INCOME

Provide the <u>BEST</u> estimate of your and your parents' income if a dependent student; or student and spouse income if independent and married - from all sources for the period of January 1, 2025, through December 31, 2025. You must answer each of the following lines. Report "0" if nothing is received. Be sure to list figures that encompass the entire 2025 calendar year – it may be necessary to project or estimate a portion of this income. Submit the most recent paystub if employed.

Estimated 2025 Taxable Income:	Parent(s)		Student/Spouse
Wages, salaries, tips (including severance pay) Father \$		Student \$	
Mother \$		Spouse \$	
Pensions and annuities			
Interest/dividend income/capital gains			
Business or farm income:			
Alimony			
Unemployment			
Any other taxable income (deductible IRA distributions, refunds,			
S Corp, trusts, etc. Specify source:			
Total 2025 Taxable Income:			
Estimated 2025 Untaxed Income:			
Social Security benefits received for all household members			
Workers Compensation		<u> </u>	
Retirement or disability benefits:		<u> </u>	
Welfare benefits, ADC/AFDC (not snap/food stamps):			
Child support received for all children			
Any other untaxed income and benefits (untaxed portions of			
pensions and IRA distributions, Housing, food and other expenses paid, unsecured loans, etc. Specify source:			
Estimate Total 2025 Untaxed Income:			
Current Assets:			
Cash, Savings, Checking			
Net worth of current investments			
Net worth of businesses and investment farms			
CERTIFICATION:			
We affirm that the information reported on this worksheet is Financial Aid reserves the right to request additional informat WARNING: If you purposefully give false or misleading inform	ion as needed.		
Student Signature		Date	
Parent Signature		Date	