

OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

2025-2026 SPECIAL CIRCUMSTANCES APPEAL for Independent Students

Directions:

This form cannot be submitted before July 1st of the current year.

- This form MUST be completed in its entirety and brought with you to your appointment along with supporting documentation of your claim.
- Pursuing this appeal does not guarantee approval.
- If you have not already done so, you must contact the FA Office at 609.343.5082 and schedule an appointment to meet with a FA representative for your appeal.
- Any information reported on your 2025-2026 FAFSA will be corrected prior to evaluation of this appeal. (*Please note that these errors could reduce the amount of aid that you are currently receiving*)
- Your appointment will be rescheduled if you do not provide all requested documents upon arrival.

Student Information (Please print)

NAME						SID#		
ADDRESS						PHONE		
					EMAIL_			
Reason f	for A _l	ppeal (Select all that apply)					
(0	Significant reduction in income	0	Loss of taxed or untaxed income or benefits.	0	Separation, divorce, or death of spouse		
(0	Loss of employment Retirement	0	One-time income.	0	Unusual medical expenses not covered by insurance.		

The following documentation MUST be submitted for ALL appeals:

- A written and signed personal statement explaining in full detail your special circumstance situation. This letter <u>MUST</u> be specific with income information from 2024, dates and sources of that income, and an explanation of when and why the income changed from 2023. Please also include a projection of your (and spouse's if applicable) 2025 income sources and amounts from January 1st through December 31st, 2025.
- A signed copy of your and your spouse's (if applicable) 2023 Federal Income Tax Return Transcript, ALL 2023 W2's, and the 2025-26 Independent Verification Worksheet. Please note, if you were selected for verification in the 2025-26 award year, and have already submitted all required documents for the 2023 tax year along with the 2025-26 Independent Verification Worksheet, you do not have to resubmit unless requested.

Based on the "Reason for Appeal" you selected above, please submit ALL required information listed.

(Example: If you checked "Loss of Employment" you will need to submit all documentation listed under that heading and you will do this for each reason you checked)

SIGNIFICANT REDUCTION IN INCOME or LOSS OF EMPLOYMENT SUBMIT THE FOLLOWING (Student and/or spouse):

- Copy of notice of separation from the employer showing your employment status, date of termination, or reduced hours, year to date gross earnings, and amount of severance benefits, if received.
- Last paystub received from all positions held in 2024.
- o Documents related to unemployment benefits, including eligibility statement, and most recent unemployment paystub.

RETIREMENT (Student and/or spouse):

o Copy of all retirement benefits received in 2024.



LOSS OF TAXED OR UNTAXED INCOME OR BENEFITS SUBMIT THE FOLLOWING (Student and/or spouse):

o Copy of the termination notice from the granting agency/company, court order, or document from caseworker.

ONE-TIME INCOME SUBMIT THE FOLLOWING (Student and/or spouse):

- o Copy of documentation from an employer, the court, or a social agency to support your written statement.
- o If rollover into an IRA, a statement from the investment company that indicates the amount converted to an IRA.

SEPARATION, DIVORCE, OR DEATH OF A SPOUSE SUBMIT THE FOLLOWING:

- Copy of your 2023 W-2
- Photocopy of death certificate in the case of the death of a spouse
- Copy of legal separation papers or divorce decree
- If no legal separation exists, provide evidence of separate living accommodations such as driver's licenses, rental/lease agreements, mortgage papers, utility bills, etc., showing separate addresses.
- Will surviving spouse receive death benefits in 2024? No____ Yes___ Amount \$______

UNUSUAL MEDICAL EXPENSES NOT COVERED BY INSURANCE SUBMIT THE FOLLOWING:

We will **ONLY** consider expenses already paid by the student or spouse.

- Statement from physician that documents an unusual medical condition or disability.
- Copies of receipts or cancelled checks must accompany billing statements for all appropriate bills, billing statement must clearly indicate portions that have been paid by your insurance company or other agency.

You MUST complete the following "Projected Income for 2025" table in its entirety before you come to your appointment. You are required to provide additional documentation that supports your estimates. Please report GROSS (before taxes) income for each month that has passed and estimate income for the remaining months of 2025. Round all figures to the nearest dollar and DO NOT LEAVE ANYTHING BLANK. If there is no income for a listed category, please write "0" in the space provided. Be sure to calculate ALL totals.

MONTH	STUDENT'S	SPOUSE	CHILD	SOCIAL	OTHER	OTHER	TOTAL
	EARNINGS	EARNINGS	SUPPORT	SECURITY	TAXABLE	NON-	
						TAXABLE	
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

Certification

cer anication	
To the best of my knowledge, I certify that the information in the appeal and the understand that misrepresentation of facts in connection with this appeal, when tself, for cancellations and repayments of my financial aid.	
Student Signature	Date