

## 2025-2026 Special Circumstances Form – Independent Student (2024 Income)

This form is for independent students (who were **not** required to provide parent information on the FAFSA) who experienced a reduction in income and/or incurred unusual expenses in 2024.

The U.S. Department of Education grants authority to Financial Aid Administrators to make adjustments on a case-by-case basis to the data elements used in the FAFSA Student Aid Index (SAI) calculation in order to reflect more accurately the financial need of students and families with special circumstances. In making these case-by-case determinations, the school must obtain documentation that supports and substantiates the reason(s) for any adjustment. **Please read the instructions carefully and include any additional documentation that is requested, along with a signed copy of your 2024 income tax return(s).** Fill out each section that applies to you. Note that not all changes will result in additional aid eligibility.

### Section A: Student Information

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ NU Student ID: \_\_\_\_\_

### Section B: Explanation of Special Circumstances

In the space provided below, please explain your request for special consideration. Be as detailed as possible in your explanation and include specific dates whenever possible. You may attach an additional sheet of paper if more than the allotted space is needed. Some examples of special consideration include:

- Loss or reduction of employment or income/wages (include the **date** in which the employment loss and/or other loss of income occurred).
- Loss of wage earner due to death, divorce, or separation.
- Termination or reduction of child support, alimony, assets, or Social Security Dependent Survivor Benefits.
- Incurred unusual expenses causing undue financial hardship.

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### Section C: Required Items to Submit

If you or your spouse had a reduction in income for 2024, submit the following items along with this form:

- A signed copy of the **2024** income tax return(s) and schedules for both you and your spouse (if married)
- Most recent earnings statement(s) and/or paystub(s) for both you and your spouse (if married)
- Documentation of other income received for both you and your spouse (if married)

Once you have gathered the required documents, **proceed to complete Section D.**

**Section D: Income Earned in 2024**

If you or your spouse had a reduction in income for 2024, complete the table below. Enter \$0 for any income not received in 2024.

Taxable/Non-Taxable Income & Benefits for 2024 (from January 1, 2024 – December 31, 2024)		
Income for 2024	Student	Spouse (if married)
Income earned from work <i>(non-tax filers attach copy of all W-2 and/or 1099 forms)</i>	\$	\$
Other taxable income <i>(do not include unemployment income)</i>	\$	\$
Untaxed portions of Individual Retirement Account (IRA) distributions (withdrawals)	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, and qualified plans	\$	\$
Untaxed portions of pension and annuity distributions (withdrawals)	\$	\$
Child support received	\$	\$
<b>Totals</b>	<b>\$</b>	<b>\$</b>

**Section E: Unusual Expenses**

If you or your spouse had unusual expenses in 2024 causing undue financial hardship, check the appropriate box(es) and complete the applicable section(s) below. If this section does not apply, leave blank and proceed to Section F.

- Costs Associated with Additional Family Member(s) in College for 2024 calendar year**  
Of those included in your household/family size on the FAFSA, list the additional family member(s) enrolled in a program leading to a college degree or certificate at a post-secondary educational institution and complete the table below. **Do not include yourself.**

Additional Family Member's Name	Age	Relationship to Student	Name of College	Total Costs Paid by Student/Spouse
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

- Unusual Medical & Dental Expenses**  
Amount paid out of pocket for medical/dental insurance (not including employer's contribution) or medical/dental expenses not covered by insurance in 2024: \$ \_\_\_\_\_

- Elementary/Secondary School Tuition for 2024 calendar year** (does not include college expenses)  
List the amount of tuition that you will pay for your dependent child(ren) to attend elementary/secondary school during the 2024 calendar year. Do not include amounts covered by scholarships, waivers, or reimbursed by another source.

Child's Name	Age	Name of School	Amount of Tuition in 2024
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

- Unusual Debts/Expenses**  
List the amount of other unusual debts/expenses you paid in 2024 (such as dependent care, care of a disabled or elderly family member, other debts for nondiscretionary expenses, etc.). Do not list consumer debt for discretionary expenses.

Type of Debt/Expense	Debt/Expense Paid By	Amount Paid in 2024
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Section F: Signature(s)**

By signing this worksheet, I/we certify that all information reported on this worksheet is complete and correct and I acknowledge that Special Circumstance Forms may take up to four weeks to process.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\*This form must be signed and dated in order to be processed\*\*