



This form is for dependent students (who were required to provide parent information on the FAFSA) whose family experienced a reduction in income and/or incurred unusual expenses in 2026.

Section A: Student Information

Contact Person: _____ Contact Phone #: _____ Relationship: _____

- 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.

[illegible]

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Section D: Income Earned in 2026

If you or your parent(s) had a reduction in income for 2026, complete the table below. Enter \$0 for any income not received in 2026.

Taxable/Non-Taxable Income and Benefits for 2026 (from January 1, 2026 – December 31, 2026)			
Income for 2026	Student	Parent 1	Parent 2
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 here)</i>	\$	\$	\$
Unemployment income	\$	\$	\$
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	\$	\$	\$
Totals	\$	\$	\$

Section E: Unusual Expenses

If you or your parent(s) had unusual expenses in 2026 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 2026 calendar year**

Of those included in your parent's 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 the student.**

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

☐ **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 2026: \$ _____

☐ **Elementary/Secondary School Tuition for 2026 calendar year** (does not include college expenses)

List the amount of tuition that your parent will pay for their dependent child(ren) to attend elementary/secondary school during the 2026 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 2026
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

☐ **Unusual Debts/Expenses**

List the amount of other unusual debts/expenses you or your parents paid in 2026 (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 2026
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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. ****The student and one parent whose information is provided must sign this form****

Student Signature _____ Date / /

Parent Signature _____ Date / /

Office Use

Approved? _____ Comments: _____

Yes No