



# 2026-2027 Special Condition

Name: \_\_\_\_\_ Student ID#: 900 \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SCSU Email Address: \_\_\_\_\_@scsu.edu

Financial need is, in part, based on each student’s or families’ gross annual income from the 2024 tax year. If your income has recently decreased or you have an unforeseen financial hardship that was not taken into account on your Free Application for Federal Student Aid (FAFSA), we may be able to re-evaluate your financial need based on your projected gross income for the 2026 tax year (January 1, 2026 – December 31, 2026). **Please remember that not all special circumstance recalculations will result in additional financial aid and allow up to 6 weeks for the financial aid office to review your request.**

**INSTRUCTIONS:** For the rest of this form, if you are dependent, you must provide information for yourself and your parent(s). If you are an independent student, you must provide information for yourself and your spouse (if married). Complete all sections and attach required documentation. **Please complete Steps 1-5.**

### STEP #1

Are you (or your spouse/parents) receiving any of the following? Check all that apply:

\_\_\_\_ SSI      \_\_\_\_ Food Stamps      \_\_\_\_ Free or Reduced Lunch      \_\_\_\_ TANF      \_\_\_\_ WIC      \_\_\_\_ Medicaid

Are you (or your spouse/parents) a dislocated worker?      \_\_\_\_ Yes      \_\_\_\_ No

**NOTE:** If you (or your spouse/parents) have quit your job, you are not considered a dislocated worker.

### STEP #2

Type a letter describing your special circumstance in detail. Please be sure to sign your statement.

### STEP #3

Complete the chart below estimating all income for 2026 calendar year (January 1, 2026 – December 31, 2026).

	Student (include spouse’s income)	Parent (include both parents)
<b>Adjusted Gross Income</b>		
Income from work	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Taxable Social Security	\$ _____	\$ _____
Other taxable income (explain) _____	\$ _____	\$ _____
<b>Untaxed Income</b>		
Payments to tax deferred pensions	\$ _____	\$ _____
IRA deductions	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Untaxed portions of IRAs or pensions	\$ _____	\$ _____
Workman’s Compensation	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Other Untaxed Income (explain) _____	\$ _____	\$ _____
<b>Total Cash Savings and Checking</b>	\$ _____	\$ _____

### STEP #4

Please provide copies of each of the following items:

- Signed copy of the 2024 Federal Tax Form 1040 and Schedules or 2024 Federal Tax Return Transcript (request at [www.irs.gov](http://www.irs.gov))
- 2024 W-2 Statement(s) for student/spouse (independent student) or mother/father (dependent student)

**STEP #5**

Please check the circumstance which applies and provide the **additional** information that is requested for each situation. The requested documentation must be attached to this form when returned to the Financial Aid Office.

- \_\_\_\_\_ **a) Unemployment, reduced employment or job change**  
Student/spouse or parent must be unemployed for at least 10 weeks in 2026.
- Last check stub(s) from previous employer
  - Letter from previous employer stating the date of termination
  - Benefit or denial letter of unemployment
  - Check stub of new employment or statement regarding employment status

- \_\_\_\_\_ **b) Separation or Divorce**  
You and your spouse (or your parents) have separated or divorced after you completed the FAFSA.
- Court documentation verifying legal separation or divorce
  - Statement of any child support received for the dependent children or child support paid to children not living in your home

- \_\_\_\_\_ **c) Death of a Parent or Spouse**  
A parent or spouse has died after you completed the FAFSA.
- Copy of death certificate, obituary notice, or printed memorial program
  - Statement of how the deceased person is related to the student (may include in the letter from Step 2)

- \_\_\_\_\_ **d) Unusual Medical or Dental expenses paid but not covered under insurance**  
Total expenses **paid** must be more than 11% of your AGI. (The SAI calculation counts for 11% of your income to be used to pay medical/dental bills.
- Copy of Medical or Dental bills that were paid in 2024 and 2025 that were not paid by a third party
  - Total amount of debt or expense and explanation of hardship (may include in letter from Step 2)
  - Proof of payment of Medical or Dental bills without insurance coverage

- \_\_\_\_\_ **e) Other**  
You have a situation you would like to have reviewed: as in Retirement, Reduced or Terminated Untaxed Income, Liquidation/Foreclosure, Unusual Debt or Expenses
- Explanation in Step 2 describing any changes in financial circumstances and explain how it has affected the ability of you and/or your parents to contribute to your education. Documentation must be included.

All of the information provided by me, or any other person, is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that underestimating projected income could result in reduced eligibility, repayment of aid, or both. I further understand that purposely giving false or misleading information may subject me to fines and/or other penalties.

\_\_\_\_\_  
Student's Handwritten Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Phone #

\_\_\_\_\_  
Parent's Handwritten Signature (if parent special condition)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Phone #