

2025-2026 Special Conditions Form- Independent

Student La	st Name	First Name	CID# or SSN
circumstand from the inf situation mo documenta	ces and/or expenses during ar formation you provided on the eets one or more of the catego	n academic year. If your financial Free Application for Federal Stud ories listed below, complete and a o our office before July 1, 2025	ilies experience unforeseen financia I situation has changed considerably dent Aid (FAFSA), and the financial submit this form with the required
St	udent Spouse		
A. Mark al	I that apply and attach the re	equired documentation.	
	Loss and/or reduction of in earned from work.	*Required Document • Letter explaini • Date of Change	ing circumstances. e:/
	 b. Loss and/or reduction of b Unemployment Worker's Compensation Disability Child Support 	 Verification of r If loss of beneficancellation or Complete section If completing in the completing in	receipt of unemployment benefits. it submit documentation of reduction. on B on reverse. after January 1, 2026 a copy of eral income tax return and W-2
	Separation/Divorce or death after completing the 2025-2026 FAF	 Letter explaini Date of separate// Divorce: copy Death: copy of Separation: pro (example: copy bill etc.) 	ing circumstances.
d ir	ledical/Dental Expenses (medi lental expenses not covered by nsurance that exceed 10% of yo total yearly income)	 Proof of payme checks, credit of checks. 	ation: ent of expenses (copy of cancelled card statements) of amount paid by insurance

^{*} The Financial Aid Office may request additional information if the documentation submitted is not sufficient.

B. INCOME FOR January 1, 2025 to December 31, 2025

Answer all areas, if "0" please indicate "0" or if not applicable indicate "N/A"

Source of Income	Amount Received to Date	Amount Estimated for Remaining Year	TOTAL
Student income earned from work (wages, salaries, tips, net business/farm income) <u>Attach a copy of last pay stub(s)</u> . If completing after January 1, 2026 submit 2025 W-2 form(s).	\$	\$	\$
Spouse income earned from work (wages, salaries, tips, net business/farm income) Attach a copy of last pay stub(s). If completing after January 1, 2026 submit 2025 W-2 form(s).	\$	\$	\$
Other taxable income (401K withdrawal, dividends, interest income, pensions, annuities, alimony, capital gains, severance pay, etc.), please specify:	\$	\$	\$
Unemployment Benefits *Attach a copy of benefit statement*	\$	\$	\$
Child Support received for 2025	\$	\$	\$
Worker's Compensation	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Disability Benefits	\$	\$	\$
Other Income Source(s)-specify:	\$	\$	\$

C. Family Size

Full Name	Relationship to Student	College Attending (if any)

D. Certification and Signatures

I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form. I understand if the form is incomplete it will be returned.

Student Signature	Date	Spouse Signature (if applicable)	Date