

2026-2027 Special Circumstance Application

Approved Special Circumstances do **not** guarantee that any additional aid will be awarded.

Student Information

Full Name (First, MI, Last): _____

Date of Birth: _____ FSU ID/EMPLID: _____

This application should be used **AFTER** the 2026-2027 Free Application for Federal Student Aid (FAFSA) has been submitted. Complete this form **ONLY** if there have been recent special circumstances. Each request for a special circumstance review is evaluated on an individual basis.

During high-volume processing times, the spring-term months of December and January, the summer-term months of April and May, and the fall-term months of July and August, the estimated time frame for review is 4 Weeks.

During standard (off-peak times), the review will be completed within 15 business days once all supporting documentation has been provided.

Circumstances which might be considered unusual may include (but are not limited to) the following:

Please select the appropriate boxes.

If you have an income reduction, please indicate which one.

A. Income Reduction	<ul style="list-style-type: none"> a. Unemployment/Change in Employment b. Retirement c. Disability d. Loss of Benefits and/or Untaxed Income e. Other situations not listed above 	If your income and/or your parent(s)/spouse's income is less now than what was reported (2024 Tax Information) on the FAFSA.
B. Divorce/Separation: List primary parent		If you or your parents have separated from or divorced a spouse.
C. Death of a Parent/Spouse		If a parent or spouse is deceased.
D. Non-Elective Dental/Medical Expenses (Not Covered by Insurance)		Medical/Dental expenses up to 11% of the family's income are already considered by the federal need analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 11% will be considered an unusual circumstance.

Please Read and Certify the Following:

- I certify that the submitted information is true and correct to the best of my knowledge.
- I have read each section and provided the appropriate required documentation.
- I understand that I may be contacted if further information is needed.
- I understand that if I **DO NOT** provide supporting documentation, no further action will be taken on this request by the Office of Financial Aid.

Parent Signature (No Electronic Signatures): _____ **Date:** _____

Student Signature (No Electronic Signatures): _____ **Date:** _____

Florida State University's Use of Social Security Number policy is available at <https://registrar.fsu.edu/bulletin/university-notices>

A. INCOME REDUCTION

A. Unemployment/Change in Employment:

- a. If you/parent/spouse are unemployed or have a reduction in income. This includes self-employment.
- b. Required Documentation:
 - 2024 and 2025 Taxes (if available)
 - 2024 and 2025 W-2s, 1099s, Etc.
 - Employment Verification (for previous employment)
 - Evidence of Unemployment benefits (if applicable)
 - Last pay statement showing Year to Date earnings
 - Copy of DD214 if it is a military discharge
 - Statement of Circumstances

B. Retirement

- a. If you have retired from your job, resulting in a reduction in income.
- b. Required Documentation:
 - 2024 and 2025 Taxes (if available)
 - 2024 and 2025 W-2s, 1099s, Etc.
 - Employment Verification (for previous employment)
 - Retirement benefits/statement
 - Last pay statements showing Year to Date earnings
 - Military Leave & Earnings Statement (if applicable)
 - Statement of Circumstances

C. Disability

- a. If you have recently begun receiving disability.
- b. Required Documentation:
 - 2024 and 2025 Taxes (if available)
 - 2024 and 2025 W-2s, 1099s, Etc.
 - Last pay statements showing Year to Date earnings.
 - A copy of expected social security benefits.
 - Statement of Circumstances

D. Loss of Benefits and/or Untaxed Income

- a. If you have recently lost a benefit/untaxed income such as child support, alimony, workman's comp, social security, disability, etc.
- b. Required Documentation:
 - 2024 and 2025 Taxes (if available)
 - 2024 and 2025 W-2s, 1099s, Etc.
 - Letter certifying appropriate loss on verifying letterhead.
 - Statement of Circumstances

B. DIVORCE/SEPARATION OF PARENT/STUDENT

Please note, if you or your parent is remarried, that spouse's information will need to be added to the FAFSA, including financial information.

1. If the Student/Parent is **Divorced** please provide:
 - Copy of Divorce Decree
 - 2024 Tax Return Transcripts
 - Copy of all 2024 W-2 for Primary Parent (Or student if independent.)
2. If the Student/Parent is **Separated** please provide:
 - Copy of letter from an attorney (or a Married Taxpayer's Affidavit of Separation) or a notarized statement on letterhead confirming your separation claim from a valid third party.
 - Acceptable statements can come from a spiritual advisor, marriage counselor, life coach, social worker, or legal aid (not relatives or friends).
 - Rent/lease/mortgage or utility receipts for both parents. Documentation must show that two separate households are being maintained by providing two different physical addresses.
 - P.O. Boxes will not be accepted.
 - 2024 Tax Return Transcripts
 - Copy of all 2024 W-2 Forms for primary parent (Or student if Independent)

C. DEATH OF A PARENT OR SPOUSE

Please note, if you or your parent is remarried, that spouse's information will need to be added to the FAFSA, including financial information.

1. Documentation Required at Time of Submission:

- A copy of the death certificate
- A copy of all 2024 W-2 forms for the surviving parent or student
 - If the parent did not earn income for the specific tax year, provide all your spouse's income, and submit a statement indicating you earned zero income for the tax year.
- A copy of the SSA 1099 form if social security benefits were being received.
- A copy of the 2024 tax return transcripts.

D. NON-ELECTIVE DENTAL MEDICAL EXPENSES

➤ Amount of dental/medical expenses paid out of pocket in 2024 (**NOT** paid by insurance) \$ _____

➤ Amount of dental/medical expenses paid out of pocket in 2025 (**NOT** paid by insurance) \$ _____

1. Documentation Required at Time of Submission:

- 2024 Federal Tax Return Transcript
- 2024 (signed) Federal Tax Return with Schedule A-Itemized Deductions
- Paid receipts of all payments NOT covered by insurance.

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2026-2027 Employment Verification**Student Information**

Full Name (First, MI, Last): _____

Date of Birth: _____ FSU ID/EMPLID: _____

Submit this verification worksheet with the Special Circumstance Income Reduction Application. Additional information is required to process your request due to the loss of employment in your family.

To grant authorization for the release of information, sign the following form and submit it to your current or former employer. Upon completion by the employer, attach this form and all other supporting documents to your Special Circumstance Application.

Employee Name: _____

Last Date of Employment: _____

Relationship to Student: _____

Employee Signature: _____ Date: _____

This section is to be completed in its entirety by a current or previous employer.

Company Name: _____

Company Address: _____

Company Phone Number (With Area Code): _____

Name of Person Completing this Section (Print Please): _____

Title of Person Completing this Section: _____

Please Complete the Applicable Lines Below:

The individual listed above is/was employed beginning:

Employment Terminated.	Date: _____ Number of Hours per Week: _____ Year to Date Gross Salary: _____
Remains Employed by the Company.	Number of Hours per Week: _____ Hourly Rate of Pay: _____ Year to Date Gross Salary: _____

Signature of Person Completing this Section: _____

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