

2026-2027 Special Circumstances Review Form

Instructions: A completed Special Circumstances Review packet should include the following:

- a completed Special Circumstances Review Form,
- a statement or documentation as required to support your request.

Do not submit this information before completing the Federal Tax Return for the calendar year impacted. You may only submit one year's tax information for review and only one review may be completed in any award year. Fully complete all sections of this form.

Other Information: The information supplied with your form will be reviewed to determine if adjustments to your FAFSA can be made. Please allow 3 to 4 weeks for processing time. Additional information may be requested once received. All decisions made by the Financial Aid Office are final. You will receive notification if we are unable to process this request. If a change is made, you will receive a revised FAFSA Submission Summary from the Department of Education. The Financial Aid Office will then revise your offer.

Section A. Student Information

Last Name First Name M.I. **N00**
Student ID

Phone Number (include area code) _____

List the people in your household, including yourself. List the name of the college for any member (excluding parents) who will attend college at least half-time between 07/01/2026 and 06/30/2027

Full Name	Age	Relationship	College Attending 2026-2027
		Self	Moraine Park Technical College

Section B. Student's and Parent's Tax and Other Income Information

1. Provide a copy of your and your parents (if dependent) W-2s and signed 2025 or 2026 Federal Tax Form.

I am submitting information for **(check one)**:

____ 2025 ____ 2026

You may only submit one year's tax information for review.

2. Attach a copy of your and your parents' (if dependent) Federal 2024 Tax Returns, all W-2s, and a Verification Worksheet (Dependent or Independent) based on whether you needed parent's tax information on FAFSA. This form can be found at www.morainepark.edu/financial-aid/, (click on Financial Aid Forms). **If you and/or your parents imported your tax data from the IRS on the FAFSA, we do not need the tax return.**

Section C. Special Circumstances

Indicate the reason for the requested review of your family's financial situation and provide indicated documentation.

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Loss of job or parental loss of job or reduction of hours

Suggested Documentation: Letter(s) from applicable former employer(s) stating the last date of employment.

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Loss of benefits (Social Security Benefits, Child Support, Worker's Compensation, Alimony, Unemployment Benefits, etc.)

Suggested Documentation:

- Copy of benefit termination notice and amount of benefits received in **2025 or 2026**.
- Copy of divorce decree indicating the last date of child support.
- Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment.

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One time income in 2024 (i.e. sale of home, capital gains, etc.)

Suggested Documentation: Letter explaining the situation and any applicable additional tax documentation.

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You and your spouse or your parents (if dependent) have been separated or divorced since completing the FAFSA.

_____ Date of Separation or Divorce

Required Documentation: Attach a copy of the Separation Order/Agreement or Divorce Decree.

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Your spouse (or a parent) has died since completing the FAFSA.

Required Documentation: Attach a copy of the Death Certificate.

Section D. Documentation Required

****A detailed letter must be attached to this request form documenting your circumstances****

Section E. Certification and Signature

My signature below certifies that the information I have provided on this form is true. I agree to provide proof of the information if and/or when requested. I understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

Parent Signature (if applicable): _____ Date: _____

Student Signature: _____ Date: _____

Office Use Only

Reviewer Notes

Approved: Yes No No Follow Up Current SAI: _____ New SAI: _____

Reviewer Initials: _____ Date: _____