Florida Agricultural and Mechanical University
TALLAHASSEE, FLORIDA 32307-3100

2026-2027 Special Circumstance Review Application

DIVISION OF STUDENT AFFAIRS
OFFICE OF FINANCIAL AID
TELEPHONE: (850) 599-3730
FAX: (850)561-2730
EMAIL: FINANCIALAIDDOCS@FAMU.EDU

All applicants are required to complete this section. (The application will be returned if all applicable pages are not completed and submitted.)

Student ID Number: _____

Full Name: _____

Full Address: _____

Best Contact Number: _____

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 unusual or extenuating circumstances that have caused a significant decrease in your 2024 taxable or non-taxable income.

Each request for a special circumstance review is evaluated on an individual basis. In order to have your award re-evaluated**,** your initial award must be processed first. The number of special circumstance requests by this office may possibly cause a delay in reviewing your application. The student will be notified by mail of the decision.

Circumstances that might be considered unusual or extenuating may include (but not limited to) the following:

- □ A. Income Reduction (Unemployment / Change in Employment and Retirement)
- □ B. Non-elective medical and dental expenses (not covered by insurance)
- □ C. Dependent Care expenses for family members with disabilities or handicapped
- □ D. Child Care expenses for Independent students only
- □ E. Divorce / Separation / Death of Parent or Spouse / Disability
- □ F. Professional license

PLEASE NOTE:

1. **Submitting a special circumstance review application does not guarantee additional funding.**
2. **Current or future financial aid could be adjusted/revised if the documentation does not support the claim.**
3. **The Office of Financial Aid will review accordingly and advise.**

Please select **ONLY ONE** of the appropriate boxes.

Please indicate who is affected by the income reduction:
□ Student (Independent Student only) □ Mother □ Father □ Spouse

A. INCOME REDUCTION

Will your income and/or your parent(s)/spouse's income be less in 2025 calendar year than reported on your FAFSA? Select one option.

□ 1. **Unemployment/Change in Employment**: Effective Date _____New Date of Employment _____
Required documents:

- **2024 and 2025** Taxes (if applicable)
- **2024 and 2025** W-2's, 1099, 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

□ 2. **RETIREMENT**: Effective date _____ (Circle year and include effective date information)
Required Documents:

- **2024 and 2025** Taxes (if applicable)
- **2024 and 2025** W-2's, 1099, etc.
- Employment Verification (for previous employment)
- Retirement benefits / statement
- Last pay statement showing Year to Date earnings
- Military Leave and Earnings Statement (Copy of DD214 if military discharge)
- Statement of Circumstances

B. NON-ELECTIVE MEDICAL/DENTAL EXPENSES (NOT COVERED BY INSURANCE)

1. How much did you or your parent(s) / spouse pay for medical/dental insurance in 2025? (Do not include employer's contribution.) $_____
2. Amount paid for 2025 medical/dental expenses **NOT** paid by insurance. $_____
3. Amount expected to pay for 2025 for medical/dental expenses **NOT** paid by insurance. $ _____

UNUSUAL MEDICAL/DENTAL EXPENSES

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.

Required Documentation:

- **2025** Tax Return Transcript and all attachments
- Paid receipts of medical and dental payments NOT covered by insurance

(HIGHLIGHT YOUR PORTION OF THE PAYMENT)

C. DEPENDENT CARE EXPENSES FOR FAMILY MEMBERS WITH DISABILITIES AND/OR HANDICAPPED

1. Do you pay for elementary or secondary education expenses for a disabled or handicapped family member?

   Yes □No □

   List family member(s) and the amount of expenses for each by completing the grid below:

Family Member's Name	Age	Relationship	Elementary Ed Expense	Secondary Ed Expense	Total **2025** Expenses

Do you have dependent care expenses for elderly or disabled family member(s)? Yes □ No □

Family Member's Name	Age	Relationship	Total Care Expenses **2025**

Required Documentation:

- **2025** Tax Return Transcript and all attachments
- Paid receipts for payments made in **2025/2026**
- Letter from caregiver stating amount of payment for the **2025/2026** year

D. CHILD CARE EXPENSES (INDEPENDENT STUDENTS ONLY)

List your child(ren) enrolled in childcare and the amount paid below

Family Member's Name	Age	Total **2025** Expenses

Required Documentation:

- **2025** Tax Return Transcript
- Receipts for payments made in **2025**
- Letter from daycare provider stating total fees paid by student in **2025**

E. DIVORCE / SEPARATION / DEATH OF PARENT OR SPOUSE / DISABILITY

□ 1. **DIVORCE / SEPARATION**: Effective date: _____

Required Documents:

- Divorce (Copy of Divorce Decree)
- Separation (Copy of legal separation or a notarized statement verifying separation)
- Rent and/or utility receipts for both parents
- **2024/2025** Tax Return Transcript (both parties)
- **2024/2025** W-2's (both parties)

□ 2. **DEATH**: Effective date: _____

Required Documents:

- Obituary (Copy of death decree)

□ 3. **DISABILITY**: Effective date: _____

Required Documentation:

- A letter from the doctor stating the nature and date of disability
- Copy of expected social security benefits for **2025/2026**

F. PROFESSIONAL LICENSE

Students in a field of study which requires professional license (i.e. Law or Accounting) for practice in the profession may submit proof of payment for licensure examination for an adjustment in Cost of Attendance. Only the examination costs may be included; no preparatory costs will be considered.

ESTIMATED INCOME FOR 2026 CALENDAR YEAR

(Please complete applicable sections)

If you (the student) are divorced or separated, include only YOUR income information. If your parents are divorced or separated, include only your custodial parent's income information. If your custodial parent has remarried, you must include their spouse's income information. If the loss of income is due to the death of your (the student) spouse/parent, include only YOUR income information or the surviving parent's income information.

NOTE: Write in zero (0) if an item does not apply (1/1/2026 – 12/31/2027)

	Father	Mother	Student	Spouse
Taxable: Wages, Salaries, and Tips				
State Unemployment Benefits				
Pension				
Alimony				
Other (please specify)				
Non-Taxable: Social Security Benefits				
AFDC				
Child Support Received				
Other Untaxed Income/ Benefits				
TOTAL ANTICIPATED INCOME				
Cash & Savings				

HOUSEHOLD SIZE AND NUMBER IN POST-SECONDARY SCHOOL

This section MUST be completed if your household size or number of family members enrolled in post-secondary education has changed since you completed the original FAFSA.

Write the number of people that your parents (or you and your spouse) will support between July 1, 2026 and June 30, 2027. Include yourself (the student) in this figure. Write in the number of people from the household who will be attending post-secondary school between July 1, 2026 and June 30, 2027. Include yourself (the student) but only include others if they are enrolled on at least a half-time basis in a degree or certificate program.

Total Number of Family Members: _____

Number in College: _____

EXPLANATION OF EXPENSES AND/OR INCOME REDUCTION

(All must complete this section)

Please explain in detail the reason(s) for your request for special consideration. Give details of your income reduction, extenuating circumstances or additional expenses. Provide an additional sheet if necessary.

CERTIFICATION STATEMENT:

Although your Special Circumstances may be approved, it may not warrant additional aid due to availability of funds.

We certify that the information provided on this form is complete and accurate to the best of our knowledge. If additional changes occur during the **2026-2027** academic year that would alter the information provided on this Special Circumstance Form, we will immediately contact the Financial Aid Office.

Student's Signature _____Date _____
Spouse's Signature _____Date _____
(Step) Father's Signature _____ Date _____
(Step) Mother's Signature _____Date _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

EMPLOYMENT VERIFICATION

Student's Name _____**SSN** _____

Additional information is required in order to further process your request due to loss of employment in your family. Please sign below to authorize release of information and then give this form to your present or previous employer. When the employer completes this form, return it with all other forms to the address below.

If you are not presently employed, when was your last date of employment? _____

_____
Employee's Name (Please Print)

_____
Employee's Signature and Date

EMPLOYER SECTION: TO BE COMPLETED BY EMPLOYER (CURRENT/PREVIOUS)

Company's Name: _____ Address: _____
City/State/Zip Code: _____
Name of person completing this section (Please Print): _____
Title: _____
Business Telephone: _____ Fax # _____ Date _____

Please complete lines that apply:

The individual name above is/was employed beginning:
Month _____ Day _____Year _____
Terminated employment:
Month _____ Day _____Year_____
Number of hours worked: _____
Reason for termination: _____
Still employed by the company: _____
Number of hours per week: _____
Income:
Gross Salary $_____ Rate per Hour _____

TOTAL EARNED YEAR-TO-DATE: $ _____

Signature of person completing this section_____