



## Special Circumstances Form 2026-2027

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

If you or a member of your family has experienced a loss of income or incurred unusually high medical expenses, Iona University may be able to adjust your Student Aid Index (SAI). To have your special circumstances considered, you must file the 2026–2027 Free Application for Federal Student Aid (FAFSA), complete the applicable sections below, and include all required documentation.

All of the following steps must be completed before your application will be reviewed:

**STEP 1 Submit Your FAFSA**

Complete your FAFSA application for the 2026-2027 aid year at [www.studentaid.gov](http://www.studentaid.gov).

**STEP 2 Complete the Special Circumstances Application**

Complete all pages of the Special Circumstances application. If a section is left blank, this form will be considered incomplete and returned to you.

**STEP 3 Attached all required forms to support your change in circumstance**

Complete all pages of the Special Circumstances application. If a section is left blank, this form will be considered incomplete and returned to you.

Check all the conditions below that describe your situation and **attach the required documents**.

1. Death of parent or spouse after submitting the 26-27 fafsa

- Enter the date of death: \_\_\_\_\_
- Attach a copy of the death certificate

2. Separation or divorce of parent or student

- Enter the date of separation/divorce: \_\_\_\_\_
- Attach documentation showing individuals live at separate addresses (home servicing utility bills, mortgage/lease)
- Attach a copy of legal separation/divorce or official letter from attorney/mediator stating current marital status
- Attach documentation of child support paid/received

3. Loss of Benefits or Reduction of untaxed income

- Enter the date of change: \_\_\_\_\_
- Attach supporting documentation of lost untaxed income (child support, SSI, unemployment, etc.)

4. Permanent and total disability or Retirement

- Enter the date of disability/date of retirement: \_\_\_\_\_
- Attach a signed letter from a physician stating the extent and duration of disability
- Attach documentation of year-to-date income
- Attach the Disability Benefit Statement, or Retirement Benefits (IRA distribution, pension, annuities) from SSA

5. Loss or reduction of income

- Employer letter/document stating when your employment ended or changed
- Verification of severance amount received (if applicable)
- Unemployment Benefits Statement (if applicable)
- Final paystub from prior job with details about your current and year-to-date earnings (if applicable)
- Most recent paystubs from all current jobs for student and parent(s) or spouse

6. Unusually high medical expenses during 2024 or 2025

- Copies of uninsured medical expenses and proof of payment that occurred during the academic year

7. Private elementary or high school tuition

- Provide copies of official tuition invoices on school letterhead where the sibling(s) of the dependent student is attending (only tuition for 2026-2027 academic year may be considered)

Explanation of Special Circumstances (to be completed by parent or independent student): Please provide specific details about the changes in your financial situation since 2024. Include a timeline of any income changes and relevant employer names.

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Please indicate the college name and respond with "Yes" or "No" for any household member who will be enrolled, or is currently enrolled at least half-time, in a degree, diploma, or certified program at an eligible post-secondary educational institution between July 1, 2026 and June 30, 2027. You do not need to indicate where the parent(s) went to college or university.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half-Time (Y/N)
		Self		
		Parent of Record		

**Estimated 2026 Income**

If your total 2026 income will be lower than your 2025 income, you must complete this section.

Do not leave any spaces blank; If it does not apply or the answer is \$0 please indicate this.

Estimated Income 01/26-12/26	Father	Mother	Student	Spouse (if applicable)
Wages, Salaries, Tips				
Interest and/or Dividend Income				
Business/Farm Income				
Unemployment Compensation				
Workers Compensation				
Pension and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits (taxable)				
Child Support Received				
Alimony/Spousal Support				
Other income				

<b>TOTAL</b>	\$	\$	\$
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**Required Documents**

Attach a copy of all required documents listed based on your family’s special condition.

All special conditions reviews will require the following documentation in addition to what is listed for your circumstance:

- Signed copies of parent 2024 & 2025 Federal tax return 1040’s with all schedules and W2’s for 2024 & 2025
- Signed copies of student 2024 & 2025 Federal tax return 1040’s with all schedules and W2’s for 2024 & 2025

**Certification Statement:**

All the information provided on this application is true and complete to the best of my knowledge, and I agree to give proof of this information if requested to do so. I understand that verification of my projections may be required at the end of the current year. I grant the Student Financial Services Office permission to update the FAFSA through the Federal Student Aid online correction tool to match the values found on this and other verification documents you have or will receive. **If I underestimate my projected income or if I overestimate my projected expenses, I understand that I or my student may be required to repay previously awarded financial aid.**

I understand that submission of a special circumstances form does not guarantee a change to the student’s financial aid offer. I understand that the decision made by the Student Financial Services Office financial aid counselor is final and cannot be appealed to the U.S. Department of Education. All Special Circumstances applications are subject to review and verification of the original Free Application for Federal Student Aid (FAFSA). This form will be incomplete if either the parent or student signature is missing. Please ensure all financial fields are legible. Personal information, like a Social Security Number, may be blacked out for security.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_