



## 2026-2027 Special Circumstances Form

Please complete if you are asking us to consider special circumstances for the 2026-27 academic year that are not accurately reflected in the information provided on the Free Application for Federal Student Aid (FAFSA). Submission of this form does NOT guarantee an adjustment to your FAFSA data or additional aid.

Student's Name:

AQ ID:

Complete and submit this form along with the following required documents:

- ☐ Attach a statement, signed and dated detailed explanation of your special circumstance.
- ☐ Attach signed copies of yours, your spouse's and/or your parents' 2024 and 2025 tax returns with schedule 1 and or/3
- ☐ Attach the 2026-2027 Household size Verification Form -<https://www.aquinas.edu/cost-aid/forms-and-policies.html>
- ☐ Attach the required supporting documentation listed below to substantiate your specific special Circumstance.

***Provide the following information about your special circumstance.***

Special Circumstance		Effective Date	Required Supporting Documentation
<input type="checkbox"/> Separation or Divorce (Which occurred after the date the 2026-2027 FAFSA was filed)	<input type="checkbox"/> Student <input type="checkbox"/> Parent	____/____/____	<ul style="list-style-type: none"><li>• Divorce: Court document/divorce decree</li><li>• Separation: Court document or documentation to substantiate two separate households (e.g., lease, mortgage, utility bills, etc.)</li><li>• Copy of 2024 and 2025 W-2's to separate joint tax information.</li></ul>
<input type="checkbox"/> Marriage (Which occurred after the date the 2026-2027 FAFSA was filed)	<input type="checkbox"/> Student <input type="checkbox"/> Parent	____/____/____	<ul style="list-style-type: none"><li>• Copy of Marriage certificate</li></ul>
<input type="checkbox"/> Death (Which occurred after the date the 2026-2027 FAFSA was filed)	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	____/____/____	<ul style="list-style-type: none"><li>• Copy of the death certificate or obituary</li><li>• Copy of 2024 and 2025 W-2's to separate joint tax information.</li></ul>
<input type="checkbox"/> Loss of Employment	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	____/____/____	<ul style="list-style-type: none"><li>• Letter from employer or unemployment agency documenting last date of employment.</li><li>• Documentation of year-to-date earnings and 2 most recent paycheck stubs.</li><li>• Documentation of unemployment compensation and/or disability benefits</li></ul>
<input type="checkbox"/> Tuition Expenses	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	____/____/____	<ul style="list-style-type: none"><li>• Documentation of your bill or a letter from the school documenting cost and any scholarships/grants assistance received. The bill must be for the 2026-2027 academic year.</li><li>•</li></ul>
<input type="checkbox"/> One-Time Benefit Income Distribution, or payment	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	____/____/____	<ul style="list-style-type: none"><li>• Documentation of the one-time benefit/payment.</li><li>• Include explanation of how the benefit was used.</li></ul>
<input type="checkbox"/> Extenuating Out of Pocket Medical/Dental Expenses (expenses that exceed 11% of AGI)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	____/____/____	<ul style="list-style-type: none"><li>• Documentation of the reason for the medical expenses</li><li>• Proof of payment/receipts of medical expenses paid out of pocket (not covered by insurance or placed on credit) during the calendar or tax year.</li></ul>
<input type="checkbox"/> Other:	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	____/____/____	<ul style="list-style-type: none"><li>• Documentation to substantiate the "other" special circumstance.</li></ul>

**Please return the completed and signed form to the Financial Aid Office by mail or in person. Our contact information is listed at the top of this form. Return this form as soon as possible so that your financial aid will not be delayed.**



## Family Size

Please list the names and ages of all the members of your “family” during the 2026-2027 academic year. Also, please indicate which family members (excluding parents) will be enrolled in college at least half-time during 2026-2027 and which institution they are planning to attend. Parents cannot be listed as attending college for this form.

\*The term “family” is defined as follows: For a dependent student, include the parent (and spouse or partner), the student, the parent's dependent children (even if they live apart because of college enrollment), and other people living with the parent now. Include these dependent children and other people only if the people will provide **more than half of their support between July 1 and June 30 of the 2026-2027** academic year.

If more space is needed, attach a separate page with the student’s name and ID.

Full Name of All Family Members Include self, spouse (if applicable), and others who receive at least 50% of their support from you	Age	Relationship to student	Name of College
			Self (Student)

Provide the following **actual (1/2026-today)** and **anticipated (today -12/2026)** income information for the 2026 calendar year below -enter 0’s if not applicable.

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Actual & Anticipated 2026 Income		Dependent Student			Independent Student	
		Parent #1	Parent #2	Student	Student	Spouse
2026 Taxable Income	Gross income earned from wages, tips, commission, etc. ----- <b>Actual: 1/2026 – today</b> <b>Anticipated: today – 12/2026</b>	Actual: \$	Actual: \$	Actual: \$	Actual: \$	Actual: \$
		Anticipated: \$	Anticipated: \$	Anticipated: \$	Anticipated: \$	Anticipated: \$
	Unemployment compensation	\$	\$	\$	\$	\$
	Severance pay, paid time off, and/or vacation payout income not included in wages above.	\$	\$	\$	\$	\$
	Taxable portion of IRA or pension retirement income distributions or withdrawals	\$	\$	\$	\$	\$
	Other taxable income source:	\$	\$	\$	\$	\$
2026 Untaxed Income	Untaxed Portion of IRA or pension retirement income	\$	\$	\$	\$	\$
	IRA deductions, payments to self-employment plans	\$	\$	\$	\$	\$
	Child Support Received for all members of the household	\$	\$	\$	\$	\$
	Foreign Earned Income Exclusion	\$	\$	\$	\$	\$
	Tax-exempt interest	\$	\$	\$	\$	\$
	Other untaxed income source:	\$	\$	\$	\$	\$
	Other untaxed income source:	\$	\$	\$	\$	\$

**Certification and Signature(s)**

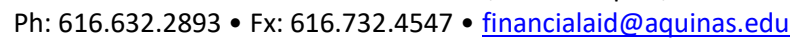
I certify that the information reported on this form is complete and correct. I understand that there is no guarantee that an adjustment will be made or that additional aid will be awarded if an adjustment is made due to this information.

\_\_\_\_\_  
Student's Handwritten Signature (required)      Date

\_\_\_\_\_  
Parent's Handwritten Signature (Required if dependent)      Date

**WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.

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