

SPECIAL CIRCUMSTANCE RE-EVALUATION

2026-2027

SECTION A: STUDENT INFORMATION (PLEASE PRINT)

Full Name (Last, First, MI.)	AWC ID #	Date of Birth	Home/Cell Phone #
Mailing Address	City, State	Zip Code	E-mail address

NOTE: Changes resulting from this review do not guarantee an increase in aid. Incomplete forms will remain unprocessed. If clarification of your situation is necessary, additional information or documentation, beyond the items listed on this form, may be requested. *AWC must review the requested information under the financial aid program rules (34 CFR, Part 668)* **Please allow a minimum of 30 business days for processing.**

NOTE: Special Circumstance consideration will NOT be given for the following:

Loss of one-time income - If you and/or your parent/spouse received a one-time income that will not occur the following year (e.g., rollover into a Roth IRA, IRA deductions, moving expense allowance, back-year social security, inheritance, job bonus, overtime compensation, gambling winnings, pension, capital gain, insurance settlements or early distributions of retirement accounts).

SECTION B: DETERMINING REASON FOR REVIEW AND REQUIRED ACTIONS

Did someone in student's household experience a ***significant reduction** in annual income from 2024 to 2026?

☐ Yes ☐ No

a. If yes, specify who: ☐ Self ☐ Spouse ☐ Parent

i. ***Must be at least a 20% reduction**

b. **Attach a letter of explanation detailing the special circumstance from student and employer.**

Select the applicable cause for significant reduction in annual income of household member indicated above:

c. ☐ Dislocated Worker/Reduced Wages or Benefits

i. **Provide official termination letter and verification of reduced wages from employer last 2 pay stubs and or copies of any unemployment benefits received from January 2025 to today.**

d. ☐ Divorce, Separation/Displaced Homemaker or Death of Spouse

i. **Attach a copy of divorce decree or separation agreements OR copy of Death Certificate.**

e. ☐ Unusual Healthcare Expenses – must be unreimbursed amounts of unexpected/nonrecurring medical expenses

i. **Provide statement from healthcare provider that documents unusual condition.**

ii. **Provide copies of receipts or cancelled checks that demonstrate payment not covered by insurance.**

SECTION C: FAMILY INFORMATION

Complete the table below according to dependency status established by your 2026-2027 FAFSA

IF Independent: Include your spouse if married and dependent children. **IF Dependent:** Include your parents and your parent's other dependent children. **College Information:** Specify who will be a college student in 2026-27 at least half time and enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	Will be enrolled in college at least ½ time?	Name of College
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Continue on next page

SECTION D: VERIFICATION OF INCOME

Before considering a re-evaluation of your eligibility we must first verify that your current eligibility is based on accurate information. In addition to providing your 2026 income documents, you will also need to provide 2024 income information. While not required, it is highly recommended to use the IRS Data Retrieval Tool during the completion of your FAFSA. Otherwise, IRS Transcripts and non-filing letters can be obtained at www.irs.gov

1. Select which applies to you, the **student**, for the year 2024.

- ☐ I have filed federal taxes. Submit IRS Tax Return Transcript or have successful IRS Data Retrieval on FAFSA.
- ☐ I did not file federal taxes but did earn income from work. Submit Wage Transcript/W-2 and IRS verification of non-filing letter.
- ☐ I did not file federal taxes and did not earn income from work. Submit IRS verification of non-filing letter. *(waived only if dependent)*

2. Select which applies to the **student's spouse/parent**, for the year 2024.

- ☐ I have filed federal taxes. Submit IRS Tax Return Transcript or have successful IRS Data Retrieval on FAFSA.
- ☐ I will not file federal taxes but did earn income from work. Submit Wage Transcript/W-2 and IRS verification of non-filing letter.
- ☐ I will not file federal taxes and did not earn income from work. Submit IRS verification of non-filing letter.

SECTION E: PROJECTED ANNUAL INCOME FOR JANUARY 2026 – DECEMBER 2027

Do not leave any amount blank; write "0" if the item does not apply. If any items are missing or left blank this form will be returned to you unprocessed. Anticipate amounts for the entire 2026 calendar year. Provide proof of all income stated on this chart.

TYPE OF INCOME		STUDENT	SPOUSE	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER
Taxable Income	a. Gross Income from Work	\$	\$	\$	\$
	b. Unemployment Benefits and/or severance pay	\$	\$	\$	\$
	c. Alimony received	\$	\$	\$	\$
	d. Interest & Dividends	\$	\$	\$	\$
	e. Net amount received from withdrawal from pensions or annuities	\$	\$	\$	\$
Untaxed Income	a. Taxed deferred pensions	\$	\$	\$	\$
	b. Self employment payments	\$	\$	\$	\$
	c. Child support received	\$	\$	\$	\$
	d. Tax exempt interest	\$	\$	\$	\$
	e. Untaxed IRA distributions	\$	\$	\$	\$
	f. Untaxed pensions	\$	\$	\$	\$
	g. Military Allowance	\$	\$	\$	\$
	h. Veterans Noneducation benefits	\$	\$	\$	\$
	i. Other Untaxed Income	\$	\$	\$	\$
	j. Other money received, or paid on your behalf (e.g. bills), not reported elsewhere	\$	\$	\$	\$
Total Anticipated Income for 2026		\$	\$	\$	\$

SECTION F: CERTIFICATION STATEMENT FOR STUDENT AND PARENT

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely giving false or misleading information on this form may result in reduced eligibility, repayment of aid and/or denial of future reviews or appeals in this and/or future years and you may be fined, sentenced to jail or both.

Student

Date

Parent (required only if dependent)

Date