



2026-2027 Special Circumstance for Income Adjustment

Name: _____ Last 5 Digits of SSN# _____
Address: _____ NSU Student ID # _____
_____ Phone #: _____

Family income from the **2024** tax year is used in determining eligibility for student Financial Aid in the **2026-2027** academic year. However, family income is sometimes drastically reduced due to situations beyond the family's control. In some cases, **2025** income may be used to assess financial need. This form is to assist you in requesting a review of your Financial Aid eligibility. This form will not be reviewed without the required documentation. Review of the Special Condition Request can take up to four weeks for processing. Sections A, B, C and D must be completed in its entirety.

A. The information provided on this form is for the (please check one)

- _____ Parent Special Condition – Parent has had a reduction or loss of income
_____ Student Special Condition – Student or spouse has had a reduction or loss of income

B. Check the condition listed below that describes the change in your situation. In addition to the requirements listed below, please provide a copy of the **2024** and **2025** Tax Return Transcript from the IRS, as well as copies of the **2024** and **2025** W-2 forms for you and your parent(s), if dependent.

1. _____ Parent or spouse of student died after the completion of the FAFSA. Please include the date of death _____ and the relationship to the student _____.
 - Attach a copy of the Death certificate
2. _____ Student, spouse of student, or parent has suffered from a disability after the completion of the FAFSA and is unable to work. Enter the date of the disability _____ and the relationship to the student _____. Attach the following documentation.
 - Signed letter from a physician stating the extent and duration of the disability.
 - Disability Benefit Statement from Social Security Administration for all members of the household for **2024** and **2025**.
 - Verification of Workman's Compensation for **2024** and **2025**.
3. _____ Student, spouse of student, or parent has had a reduction or loss of untaxed income or benefits. Enter the date of the loss or reduction of benefits _____, the relationship to the student _____ and the type of benefit _____. Types of benefits could include child support, unemployment benefits, Worker's Compensation, etc. Attach the following documentation.
 - Verification of Benefits received during **2024** and **2025** from the agency that disbursed the benefit.
 - Letter from the agency who is ending or reducing the benefit stating the changes and the date the benefits are being reduced or stopped.
4. _____ Student, spouse of student, or parent has had a loss or reduction of income from work. Enter the date of the loss _____, the reason for the loss _____ and the relationship to the student _____. Attach the following documentation.
 - Copy of notice of termination, lay-off or letter of resignation stating the last day of employment.
 - Verification of unemployment income as a result of the loss of employment for **2024** and **2025**, or letter regarding the denial of benefits.
 - Verification of any severance or retirement benefits received during **2024** and **2025**.

5. _____ Student, spouse or parent of student received a one-time benefit. Enter the date of the one-time benefit _____, source of income _____, amount _____ and relationship to student _____. Attach the following documentation.
- Provide a detailed explanation of the one-time income, what the income was used for and why the funds are not available to pay for educational cost.
 - Provide a statement from the source of the one-time benefit showing the total dollar amount and the date the amount was disbursed.
 - Provide verification of what the one-time benefit was used for.
6. _____ Student, spouse or parent of the student has incurred unusually high medical or dental expenses during the 2025 tax year.
List the relationship to the student _____. Attach the following documentation.
- Verification of all out of pocket payments made during the 2025 tax year. Do not include Insurance premiums or expenses that will be reimbursed by Insurance.

C. Complete the information below using the annual amounts for the **2024** and **2025** tax years for you and your parent(s), if dependent, and provide verification of the amounts received during both years.

Please list zero if it does not apply.

Student/ Spouse	Student/ Spouse	Source of Income	Parent(s)	Parent(s)
2024	2025		2024	2025
		Wages, salaries, tips		
		AFDC, Fitap, Welfare benefits		
		Food stamps		
		Housing Assistance		
		Social Security Benefits		
		Child Support		
		Alimony		
		Workers' Compensation		
		Unemployment Compensation		
		Veteran's non-educational benefits		
		Veteran's education benefits		
		Cash Support or money paid on your behalf		
		Severance pay		
		Other		

D. I certify that the information provided is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form. I also realize that if I do not provide the information requested, the special condition request will not be considered. I further understand that purposely giving false or misleading information may subject me to fines or other penalties.

Student Signature _____
Handwritten Signature Required

Date _____

Parent Signature _____
(Required For Dependent Students) **Handwritten Signature Required**

Date _____