



Student Financial Services
G-1 Parker Hall, 300 W. 13th Street
Rolla, MO 65409
P: 573/341-4282 F: 573/341-4274

2026-2027 Financial Aid Year
Dependent Special Circumstance Review

Name (Last, First): _____ Student ID: _____

Please indicate all the circumstances that may apply to your situation. These forms and documentation should be submitted through the Secure Document Upload in **JoeSS** or **mailed** to the Student Financial Services Office. Please send all documents together, and be sure to make copies of your documentation, as these documents will not be returned.

If your family's current or future income is less than or different than in the 2024 calendar year because of one or more of the following conditions, and your Student Aid Index (SAI) is not already less than or equal to 0, an adjustment of your 2026-2027 FAFSA information may be possible. (If your SAI is less than or equal to zero, an adjustment to your FAFSA information will not change your eligibility for need-based aid and a Special Circumstance review will not be completed). (Please check that you have attached all the following for the appropriate category.)

Required Documentation (All Categories)

Note: These documents are **required** before we can begin your Special Circumstance review. If you have already completed verification, you do not need to complete it again.

- ☐ Explanation of Special Circumstances
- ☐ Verification Worksheet for Dependent Students (attached to the end of this form)
- ☐ Any required verification documentation (see worksheet)
- ☐ Additional documentation as identified by your specific circumstance (see page 2)

Explanation of Special Circumstances

Loss of Income/Employment

- ☐ Letter(s) of termination (including date of termination) from employer(s)
- ☐ Copy of final pay stub(s) showing year-to-date income prior to termination
- ☐ Unemployment award letter (if applicable)
- ☐ Copy of current pay stub if employed with a new employer

Disability/Retirement/Job Change

- ☐ Letter(s) from employer(s) documenting date employment ends (if due to disability or retirement)
- ☐ Letter(s) from employer(s) documenting reduction in income due to job change (must include salary or wage information)
- ☐ Copy of final/current pay stub showing year-to-date income

Divorce/Separation/Death of a Parent after filing

Note: Income and assets on the **parents'** 2024 tax return transcripts should be divided to reflect only the custodial **parent's portion**

- ☐ Copy of legal document related to requested change (acceptable documentation includes legal notice of separation, divorce decree, death certificate)
- ☐ Documentation of any life insurance benefits received (if death of a parent) or child support payments (if divorced)

Loss or Reduction of Social Security (taxed), Child Support or, Alimony

- ☐ Original 2024 benefit statement listing total amount received
- ☐ Revised 2026/2027 benefit statement and/or court documents listing updated amount to receive and effective date
- ☐ Copy of statement from Social Security Administration documenting change in benefits

Elementary or Secondary School Tuition

- ☐ Documentation of private elementary, junior high and/or high school tuition paid, or to be paid in the 2026-2027 academic year. Please download, complete, and attach the Elementary and Secondary Tuition Verification Form from sfs.mst.edu/formsdocuments.

Medical Expenses - Family

Note: **The FAFSA already accounts for a portion of a family's income for medical expenses. For an adjustment to be made, the total out-of-pocket medical expenses must exceed 11% of the amount listed in the "Income Protection Allowance" chart. (Insurance premiums and expenses covered by insurance may not be included in this total)**

- ☐ Documentation of out-of-pocket medical expenses paid by the family between January 1, 2026, and December 31, 2027, must be provided. Acceptable documentation includes, but is not limited to hospital **and doctor's bills** that have been paid, credit card statements showing paid medical expenses, insurance documentation that shows out of pocket paid (not just billed), etc. If formal payment plan(s) have been set up with medical facilities, a copy of the agreement and payment(s) amounts must be submitted.

Table A2: Income Protection Allowance

Family Size (including student)	Income Protection Allowance Amount
2	\$29,190
3	\$36,330
4	\$44,880
5	\$52,950
6	\$61,930

Note: For each additional household member, add \$6,990.

Other Circumstances

- ☐ The above-mentioned criteria are only the most common reasons for Special Circumstances Review. If you have circumstances, you believe may qualify for a change in FAFSA information but are not listed above, please include your circumstance in the written explanation (page 1) and documentation of your circumstance along with this completed form.

Expected 2026 taxable and non-taxable income & benefits

Estimated 2026 Income

☐ Monthly ☐ Annual

Student Parent 1 Parent 2

Taxable Income Includes wages, business and/or farm income
Other Taxable Income Includes alimony, capital gains, pensions, annuities, etc.
Non-Taxable Income Includes child support received
Other Non-Tax Income Indicate what is included in this amount

Certification: I/we certify that all information on this form is true, accurate and complete. Statements and documents are attached to this form to support my request adjustments.

Student signature: _____ Parent signature: _____

Date: _____ Phone Number: _____ Date: _____ Phone Number: _____

Email: _____ Email: _____

If additional documentation is needed, both the parent and student will receive the request via both the **parent's** and the **student's** email.

Return form to Student Financial Services

In-person/mail: G-1 Parker Hall, 300 West 13th St Rolla, MO 65409-0250

Fax: 573.341.4274

Submit in **Joe'SS**: Secure Document Upload (QR Code provided)

