

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 Independent Special Circumstance Review

Name (Last, First):	Student ID:
	rour situation. These forms and documentation should be nailed to the Student Financial Services Office. Please send documentation, as these documents will not be returned.
year because of one or more of the following conditions, and to 0, an adjustment of your 2026-2027 FAFSA information r	e income is less than or different than in the 2024 calendar your Student Aid Index (SAI) is not already less than or equal may be possible. (If your SAI is less than or equal to zero, an ir eligibility for need-based aid and a Special Circumstance attached all the following for the appropriate category.)
Required Documentation (All Categories) Note: These documents are required before we can begin you completed verification, you do not need to complete it again a Explanation of Special Circumstances Verification Worksheet for Independent Stude Any required verification documentation (see Additional documentation as identified by you	n. ents (attached to the end of this form) worksheet)
Explanation of Special Circumstances	

<u>Loss of Income/Employment</u>
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
<u>Disability/Retirement/Job Change</u>
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 Spouse after filing
Note: Income and assets on the <i>student's and spouse's</i> 2024 tax return transcripts should be divided to reflect only
the <i>student's</i> 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 spouse) or child support payments
(if divorced)
(ii divoloca)
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 <u>sfs.mst.edu/formsdocuments</u> .
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 <u>out-of-pocket medical expenses</u> 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 se
up with medical facilities, a copy of the agreement and payment(s) amounts must be submitted.
Independent Students without Dependent(s) Other than a Spouse
11 1 440 040

• Unmarried: \$18,310

• Married: \$29,350

Independent Students with Dependent(s) Other than a Spouse

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Table C2: Income Protection Allowance				
Married with Dependents				
Family Size	Income Protection			
(including Student)	Allowance Amount			
3	\$57,730			
4	\$71,280			
5	\$84,120			
6	\$98,370			
Note: For each additional household member, add				
\$11,110				

Table C3: Income Protection Allowance				
Single with Dependents				
Family Size	Income Protection			
(including Student)	Allowance Amount			
2	\$54,950			
3	\$68,430			
4	\$84,480			
5	\$99,700			
6	\$116,590			
Note: For each additional household member, add \$13,180				

Other Circumstances				D .	
	entioned criteria are only the mos rcumstances, you believe may qu				
	olease include your circumstance			1101	
documentation	on of your circumstance along wit	h this completed for	orm.		
Expected 2026 taxable and n	on-taxable income & benefits				
Estimated 2026 Income	☐ Monthly	☐ Annual	Student	Spouse	
Taxable Income	Includes wages, business and	or farm income			
Other Taxable Income	Includes alimony, capital gain	·	ties, etc.		
Non-Taxable Income	Includes child support received				
Other Non-Tax Income	Indicate what is included in th	nis amount			
3	at all information on this form is tr		omplete. Statements and d	ocuments	
are attached to this form to	support my request adjustments.				
Student signature:		Spouse signatur	^e:		
Date: Phone	Number:	Date:	Phone Number:		
Email:		Email:			
If additional documentation email.	n is needed, both the student and	student's spouse (if applicable) will receive th	ne request via	
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Return form through Secure 1	Document Uploader in Joe'SS (QR Co	ode provided)		\$65 7	
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