



**OFFICE OF STUDENT FINANCIAL AID  
2026-2027 Special Circumstances Appeal**

**Student's Name:** \_\_\_\_\_ **ID/SSN:** \_\_\_\_\_

If your financial situation has changed since you submitted the 2026-2027 Free Application for Federal Student Aid (FAFSA), this form can be completed. Please read all instructions thoroughly.

- You must submit appropriate third-party documentation to support your appeal.
- Appeals will not be considered for voluntarily leaving a job or one-time capital gains and IRA distributions.

**\*\*Failure to substantiate your circumstances WILL result in an automatic denial for lack of documentation\*\***

The purpose of this appeal is to report changes in income and/or family circumstances not reflected on the FAFSA. You must have completed the admission process with Zane State College and have a 2026-2027 FAFSA on file prior to submission of this request. *Please be aware that if you filed your 2026-2027 FAFSA and received an SAI between -1500 and 0, you are already receiving the maximum eligibility for federal aid and your appeal will not be reviewed.*

<b>Section A. Special Circumstance</b>
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**My 2025 household income is significantly lower than my 2024 household income due to one of the following:**  
(place a check next to the appropriate box and enter the date of occurrence).

<u>Special Circumstance</u>	<u>Dependent Student</u>	<u>Independent Student</u>	<u>Required Documentation</u> Please attach the following:
<input type="checkbox"/> Unemployed for at least 12 weeks or a reduction in hours through no fault of your own. <b>Date this happened:</b> _____	Yours or your parents' income in 2025 is less than 2024 income  Which Parent? <input type="checkbox"/> Mom <input type="checkbox"/> Dad	Yours and/or your spouse's income in 2025 is less than 2024 income  <input type="checkbox"/> You <input type="checkbox"/> Spouse	<ul style="list-style-type: none"> <li>A copy of the work separation notice or letter from the employer outlining either the date of separation or reduction in hours</li> <li>A letter of eligibility from the Department of Labor (if eligible for unemployment benefits)</li> <li>A copy of the affected parent's/student's/spouse's 2024 Tax Return Transcript and all 2024 W-2 &amp; 1099 Form(s)</li> <li>A copy of the affected parent's/student's/spouse's 2025 Tax Return Transcript and all 2025 W-2 &amp; 1099 Form(s)</li> </ul>
<input type="checkbox"/> Divorce or Separation that occurred after filing your 26-27 FAFSA <b>Date this happened:</b> _____	Your parents are now divorced	You and your spouse are now divorced	<ul style="list-style-type: none"> <li>A copy of the divorce decree or documentation of a legal separation</li> <li>A copy of the affected parent's/student's/spouse's 2024 Tax Return Transcripts.</li> <li>A copy of the affected parent's/student's/spouse's 2025 W-2 &amp; 1099 Form(s)</li> </ul>
<input type="checkbox"/> Death of a Parent or a Spouse <b>Date this happened:</b> _____	A parent has died <input type="checkbox"/> Mom <input type="checkbox"/> Dad	Your spouse has died	<ul style="list-style-type: none"> <li>A copy of the death certificate</li> <li>Proof of survivor's benefits (such as life insurance settlements, VA Benefits, retirement payouts, etc.)</li> </ul>
<input type="checkbox"/> Disability of a Parent or Spouse <b>Date this happened:</b> _____	A parent is now disabled <input type="checkbox"/> Mom <input type="checkbox"/> Dad	Your spouse is now disabled	<ul style="list-style-type: none"> <li>A letter from the doctor regarding the date of disability and projected date to return to work</li> <li>Documentation of Disability Benefits</li> <li>A copy of the affected Parent's or Spouse's last paystub, if income was earned in 2024</li> </ul>

**Section B. Verification**

If you have been selected for verification by the US Department of Education, this step must be completed before this form will be processed. If you have questions, please contact our office (740) 588-1276 or financialaid@zanestate.edu.

**Section C. Income and Benefits for 2026 Calendar Year**

In the table below, please list the actual income from 1/1/2026 to today and the estimated income from today through 12/31/2026. Please attach your last paystub for all jobs (if you have had more than one job) in 2026. If you are completing this form after January 1, 2027, please use actual income from 1/1/2026 through 12/31/2026 and attach all 2026 W-2 forms and other appropriate documentation.

<u>Sources of Income</u>	<u>Parent(s) Actual from 1/1/26 to today</u>	<u>Parent(s) Estimated from today to 12/31/26</u>	<u>Student (&amp; Spouse) Actual from 1/1/26 to today</u>	<u>Student (&amp; Spouse) Estimated from today to 12/31/26</u>
Wages, Tips, Salary				
Interest/Dividend Income				
Unemployment				
Pensions/Annuities				
Severance Pay				
Retirement Benefits				
Social Security Benefits				
Child Support				
Alimony				
Other (Explain)				
<b>TOTAL ANTICIPATED 2026 INCOME</b>	\$	\$	\$	\$

**Section D. Statement of Certification**

*I certify that the information provided on this form and included within all supporting documentation is correct to the best of my knowledge. I also understand the submission of my appeal does not automatically qualify me for an increase in funds and additional documentation may be requested if clarification is needed. Review and notification of results can take up to 2-3 weeks. I understand that if I purposely give false or misleading information on this form, I may be fined, be sentenced to jail, or both.*

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Spouse's Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Required if Dependent Student)

\_\_\_\_\_  
Date

OFFICE USE ONLY: \_\_\_\_Approved\_\_\_\_Denied

Reason:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_