

SPECIAL CIRCUMSTANCES REVIEW REQUEST FORM 2024-2025



Please **TYPE** Responses

Special circumstances are defined as extreme condition(s) that may warrant re-evaluation of a student's financial aid eligibility. If you or your family have experienced a significant loss in income or increase in medical expenses since completing the 2024-2025 FAFSA, you may request consideration of these events by completing this form and uploading all required documents to your [Financial Aid Student Portal](#). Submission of this form does not guarantee an adjustment to the FAFSA will be made or that additional aid will be awarded. Incomplete forms submitted without all required personal statement(s) and supporting documentation will NOT be processed.

Student Name: _____

Phone Number: _____

Student ID: _____

Personal Email: _____

SECTION 1: TYPED PERSONAL STATEMENT

Attach **typed & signed** statement(s) describing the circumstances you would like considered based on your [dependency status](#). Include a narrative of events with dates and describe how these events affected your family's ability to pay for your educational expenses. Also, explain how the 2022 income data reported on your FAFSA no longer represents your financial situation in the 2024-2025 academic year.

- DEPENDENT:** attach student's personal statement AND parent's secondary statement with additional relevant details.
- INDEPENDENT:** attach student's personal statement.

SECTION 2: FEDERAL INCOME TAX RETURN/TRANSCRIPT

Attach the requested tax returns according to the student's dependency status.

- DEPENDENT:** attach student & parent's **2022** AND **2023** [IRS Tax Return Transcripts](#) or **SIGNED** U.S. Income Tax Returns with all applicable schedules and W-2's.
- INDEPENDENT:** attach student & spouse's **2022** AND **2023** [IRS Tax Return Transcripts](#) or **SIGNED** U.S. Income Tax Returns with all applicable schedules and W-2's.

SECTION 3: IDENTIFY SPECIAL CIRCUMSTANCE

Select the appropriate circumstance(s) and provide the requested information and required documentation.

A. Reduction in Financial Resources or Income

Who experienced a reduction income? Student Student's Spouse Parent 1 Parent 2

Date the reduction occurred: _____

- Loss of Employment** - attach layoff notice, termination letter, retirement status, employment verification letter from previous employer, or resignation letter.
- Separation, Divorce, Death** - attach divorce decree, temporary orders (divorce filed/not yet final), or other documents establishing the date you and your spouse, or your parent and their spouse ceased living together, death certificate. Event must have occurred after submitting the 2024-2025 FAFSA.
- Loss of One-Time (Lump Sum) Income** - attach documentation that indicates the date the one-time income was terminated, the amount of income that came from that source, and how that income was used.
- Other Financial Loss** – attach documentation and provide details in personal statement(s).

AND/OR

B. Increase of Medical Expenses

Who incurred the medical expenses? Student Student's Spouse Parent 1 Parent 2

Is the individual still seeking treatment? Yes No

If yes, how long is the treatment expected to continue? _____

Medical Expenses - attach receipts showing out-of-pocket payments made for medical bills and insurance claim history/summary for expenses incurred during the most recent 12-month period only.

Enter the total amount of medical expenses paid (e.g., patient copays and deductibles) in the **most recent 12-month period**. Include medical, dental, prescription, and nursing home expenses for household family members paid out of pocket and NOT covered by health insurance or reimbursed by a third party. Do not include insurance premiums.

Total medical expenses **PAID** in most recent 12-month period: \$ _____

Total expected future **MONTHLY** medical expenses: \$ _____

SECTION 4: INCOME INFORMATION

Estimate your family's future expected **MONTHLY** income between **JULY 2024 - JUNE 2025**. Please complete all fields. Enter "0" for any fields that do not apply.

Income Source	Student	Spouse	Parent 1	Parent 2
Income Earned from Work	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Severance/Paid Leave	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (Pension) Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____	\$ _____	\$ _____
Other Income Source): (specify source)	\$ _____	\$ _____	\$ _____	\$ _____
Monthly Total	\$ _____	\$ _____	\$ _____	\$ _____

SECTION 5: SIGNATURE & CERTIFICATION

By signing below, I certify that all the information reported is complete and accurate. My signature indicates that I understand that not all circumstances can or will change my eligibility for financial aid and that any professional judgment exercised by a financial aid officer applies only to financial aid eligibility at NAU for the award year indicated on this form. Additionally, I understand that NAU's decision regarding this request is final and cannot be appealed to the U.S. Department of Education.

Student Signature: _____

Parent Signature: _____
(dependent students only)

Date: _____

Date: _____