

## 2026-27 Special Circumstances Petition

Student Last Name	First Name	Middle Initial	Dominican Student ID Number	
Street Address	City	State	Zip	Phone Number

The FAFSA uses prior tax year income to determine financial aid eligibility. If your household's **current financial situation is significantly different**, you may submit this form for review.

**ALL forms must be accompanied by:**

1. A signed detailed letter of explanation of circumstance. Please be as detailed as possible.
2. Signed copies of 2025 Federal 1040 Tax Forms or Tax Transcripts (for parent(s) and student, if student was employed)
3. 2025 W-2 Forms for parent(s) and student (if employed)
4. Most recent paystubs (if employed).

Submitting this petition does **not guarantee an adjustment to your financial aid**. All requests are reviewed on a case-by-case basis in accordance with federal regulations and institutional policies.

**Please note: If selected for federal verification, this appeal will be reviewed after the verification is complete.**

**Check all that apply to the current situation and submit the requested documentation for each situation:**

- Loss of income due to non-disability related to unemployment:** Student, spouse, or parent(s) has lost employment (due to layoff, termination or voluntary resignation) since the financial information was reported on the most recent FAFSA. Unemployment must be for 3 months prior to submission of this form.  
Acceptable Documentation:
  - Official evidence of loss of employment
  - Copy of unemployment checks or letter stating that unemployment benefits were denied
  - Paystub(s) from previous employer
- Loss of income due to disability:** Student, spouse, or parent(s) is disabled and unable to retain employment due to their disability since the financial information was reported on the most recent FAFSA.  
Acceptable Documentation:
  - Evidence of loss of earnings (signed letter from previous employer on company letterhead)
  - Statement from a physician (must include contact information)
- Loss of untaxed income or benefits:** Student, spouse, or parent(s) has lost untaxed earnings (child support, workers compensation, etc.) since the financial information was reported on the most recent FAFSA.  
Acceptable Documentation:
  - Evidence of loss of untaxed income or benefits (court document(s), letter of denial of benefit(s), etc.)
- Occurrence of one-time income:** Receipt of one-time lump sum (inheritance, retirement, Rollover, etc.) that was reported on the most recent FAFSA and is not expected in the future. Items **not** considered: lottery winnings, sale of stock, etc.  
Acceptable Documentation:
  - Signed official evidence of one-time income (legal/court document(s), financial statement(s), etc.)
  - Documentation as to how the funds were spent or invested

- ❑ **Separation/Divorce:** Student, or parent (if dependent) has separated or divorced since the FAFSA was filed.  
Acceptable Documentation:
  - Legal documentation of separation/divorce (court document(s), divorce decree, etc.)
  - Documentation of separate addresses for both parties
  - W-2 Forms/Tax Return Transcript for the year of income reported on the FAFSA
- ❑ **Death:** Student's spouse, or parent (if dependent) received income for the tax year reported on the FAFSA, but has passed away since the FAFSA was filed.  
Acceptable Documentation:
  - Legal documentation of death (death certificate)
- ❑ **School tuition costs for dependent child(ren), grades K-12 with *Special Needs*:** Payment of tuition costs for the upcoming school year for dependent children, grades K-12 that have *Special Needs*.  
Acceptable Documentation:
  - Written contract from the institution stating the amount of tuition that has been paid for the upcoming school year **OR** signed letter from the institution stating the amount of tuition paid or due for the upcoming school year (must be on letterhead and include contact information)
- ❑ **Medical/Dental Expenses:** Payment of medical/dental expenses not covered by insurance during the FAFSA tax year. Dollar amount **must exceed** the standard deduction on the Federal Tax Return and the Income Protection Allowance (IPA) to be considered.  
Acceptable Documentation:
  - Copies of cancelled checks used to pay out-of-pocket medical/dental expenses (please provide detailed information of amount spent NOT owed)
  - Confirmation of amount paid out-of-pocket and the purpose of the expense (amount billed will not be considered without proof of payment)
- ❑ **Dependent Care Expenses:** Unusually high dependent care expenses.  
Acceptable Documentation:
  - Copies of cancelled checks used to pay dependent care expenses
  - Confirmation of amount paid during the FAFSA tax year
  - Statement/Letter from the care provider indicating the amount due/paid for the FAFSA tax year (must include contact information)
- ❑ **Other Extenuating Circumstance(s) not listed:** An extenuating circumstance that warrants that the Office of Financial Aid review the most recent FAFSA and tax information provided.  
Acceptable Documentation:
  - **Detailed** letter/statement explaining the circumstance(s)
  - Documentation to support the statement(s) made in the letter/statement
  - Documentation from a third-party

**CERTIFICATION**

*I/We certify that the information provided on this form and any supporting documentation is true and accurate to the best of my/our knowledge. I/We understand that providing false or misleading information may result in the denial, reduction, cancellation, or repayment of financial aid. I/We also understand that this information will be reviewed in accordance with federal regulations and may or may not result in an adjustment to the student's financial aid eligibility.*

***Student and parent (if applicable) wet signatures are required below.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (required for **dependent** students only)

\_\_\_\_\_  
Date