



2026-2027 Special Condition Application

Student Name:		Student ID#:
Phone Number:		Date of Birth:
Student dependency status:	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent	
Requesting:	<input type="checkbox"/> FAFSA Change in Income <input type="checkbox"/> Cost of Attendance (COA) Increase for Additional Expenses	

This form may be used to either request an official change to your Free Application for Federal Student Aid (FAFSA) if there has been a change in your and/or your family's financial situation that may impact your ability to pay for your education, or request an increase to your total allowable aid. You must submit this completed form **and** all applicable documentation before a change can be made.

I am requesting a change to my **FAFSA** information due to: (Please choose all that apply.)

Involuntary or Unavoidable Loss of Job or Benefits

Typed, signed, & dated statement explaining your situation & most recent Paystub/Unemployment Receipt

Change in Marital Status: **Student** **Parent**

Married/Remarried: Copy of the Marriage License
Both party's IRS TRT *or* signed 1040 Form for the _____ tax year

Separation/Divorce: Separation Documentation or Divorce Decree
Both party's W2s & IRS TRT *or* signed 1040 Form for the _____ tax year

Death of a Spouse/Parent Copy of the Obituary or Death Certificate

Other Reason Not Listed: Please attached a signed explanation.

I am requesting a change to my **Cost of Attendance** due to: (Please choose all that apply.)

Credit Overload: Update Actual Tuition/Fees

Credit hours enrolled: _____ Fall 2026 Spring 2027 Summer 2027

Attach Student Finance Statement

Dependent Care

Facility Name: _____

\$ Amount: \$ _____ per week / per month

Attach a signed statement from the facility manager detailing your weekly or monthly out-of-pocket pay.

My signature certifies that everything I have stated is true to the best of my knowledge. Should the Office of Financial Aid find anything provided in support of my request to be inaccurate, I understand that my request will be denied.

Student's Signature

Date

Parent's Signature (Dependent Students requesting FAFSA Change Only)

Date

FAA Use Only:	<input type="checkbox"/> Approved	Sign/Initial: _____	Date: _____
	<input type="checkbox"/> Denied:	_____	