



The Department of Education allows Financial Aid Administrators to consider Special Circumstances that have occurred after the student/spouse and/or parent(s) have submitted an initial 2026-2027 Free Application for Federal Student Aid (FAFSA). The submission of this form is a request for the Office of Financial Aid to review special circumstances of loss/reduction in income, change in marital status, death of a spouse/parent, unusual medical expenses, or other unforeseen circumstances. This form must contain supporting documentation before a request can be considered. **All decisions are FINAL. Applications are processed as quickly as possible, but may take 7-14 business days during peak periods (June-August).** Please be aware that not all special circumstances adjustments result in additional financial aid. **If your application has not been processed prior to your bill due date, it is your responsibility to make alternative payment arrangements, if necessary.**

Student Name:	DSU ID #:
Email Address:	Phone Number:

If more space is needed for your explanation, attach an additional page. Include your name, your DSU ID, handwritten signature(s), and the date(s) of the signature(s).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Student Name

Student ID Number

C. SUPPORTING DOCUMENTATION (REQUIRED)

IMPORTANT: All verification and/or Satisfactory Academic Progress (SAP) requirements listed on the myDSU portal under Financial Aid>Home (Award year 2026-27) must be completed prior to review of this Special Circumstances Application.

Please answer **ALL** questions for each applicable circumstance and submit **ALL** required supporting documentation with this application to prevent processing delays.

Check applicable circumstance(s)	Complete all blanks for each circumstance checked. <i>If additional space is needed, attach an additional page.</i>	Required Supporting Documentation Checklist Use this checklist to ensure that all required documentation is submitted with your application. <i>"You" and "your" refers to the individual(s) who experienced the circumstance.</i>
☐ Loss of employment resulting in total unemployment	Name of person(s) who experienced a loss of employment: _____ _____ Last date worked: ____/____/____ Have unemployment benefits been received as a result? ☐ Yes ☐ No Has severance pay been received as a result? ☐ Yes ☐ No	☐ 2026-2027 V1 Verification Worksheet, ☐ IRS Data Retrieval Tool, 2024 Federal Tax Return Transcript(s), or signed 2024 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2025 Federal Tax Return Transcript (s) or signed 2025 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2024 & 2025 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), ☐ Last 2 pay stubs showing year-to-date earnings, ☐ If married, at least 2 of your spouse's most recent paystubs, ☐ Letter(s) from your former employer stating the last date of employment, ☐ Benefit notice from employment office (proof of unemployment), if applicable
☐ Reduction in earnings	Name of person(s) who experienced a reduction in earnings: _____ _____ Date Reduction in Earnings began: ____/____/____ Start date of new job, if applicable: ____/____/____ Return to work date, if applicable: ____/____/____	☐ 2026-2027 V1 Verification Worksheet, ☐ IRS Data Retrieval Tool, 2024 Federal Tax Return Transcript(s), or signed 2024 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2025 Federal Tax Return Transcript (s) or signed 2025 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2024 & 2025 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married) ☐ Last 2 pay stubs showing year-to-date earnings, ☐ If married, at least 2 of your spouse's most recent paystubs, ☐ Letter(s) from your former employer stating the last date of employment, ☐ 2 or 3 of your most recent 2026 pay stubs from your current employer, if applicable, ☐ Benefit notice from employment office (proof of unemployment), if applicable
☐ Other Loss of Income ☐ Alimony ☐ Child Support ☐ Retirement or Pension ☐ Social Security (taxed) ☐ Worker's Compensation	Name of person(s) who experienced a loss of other income: _____ _____ Date Benefit(s) began: ____/____/____ Date Benefit(s) ended: ____/____/____	☐ 2026-2027 V1 Verification Worksheet, ☐ IRS Data Retrieval Tool, 2024 Federal Tax Return Transcript(s), or signed 2024 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2025 Federal Tax Return Transcript (s) or signed 2025 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2024 & 2025 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), ☐ 2025 benefit statement listing total amount received, ☐ 2026 benefit statement listing updated amount to receive and effective date

Check applicable circumstance(s)	Complete all blanks for each circumstance checked. <i>If additional space is needed, attach an additional page.</i>	Required Supporting Documentation Checklist Use this checklist to ensure that all required documentation is submitted with your application. <i>"You" and "your" refers to the individual(s) who experienced the circumstance.</i>
☐ One-Time Lump Sum 401K/pension withdrawal included in 2024 adjusted gross income	Name of person(s) who received this income: _____ _____ Amount of Lump Sum received in 2024: \$ _____ Were additional funds withdrawn in 2025 or 2026? ☐ Yes ☐ No	☐ 2026-2027 V1 Verification Worksheet, ☐ IRS Data Retrieval Tool, 2024 Federal Tax Return Transcript(s), or signed 2024 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2025 Federal Tax Return Transcript (s) or signed 2025 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2024 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), ☐ Documents detailing One-Time Payment Amount, source, and reason, ☐ You (and your spouse's, if married) 2024 Form 1099-R(s)
☐ Death of FAFSA parent <u>or</u> spouse (<u>after</u> the FAFSA was filed)	Name of deceased: _____ Date of death: ____/____/____	☐ 2026-2027 V1 Verification Worksheet, ☐ IRS Data Retrieval Tool, 2024 Federal Tax Return Transcript(s), or signed 2024 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2024 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), ☐ Copy of death certificate or published obituary if death certificate is not available
☐ Divorce or legal separation (<u>after</u> the FAFSA was filed)	Are you separated or divorced? ☐ Separated ☐ Divorced Date of separation/divorce: ____/____/____	☐ 2026-2027 V1 Verification Worksheet, ☐ IRS Data Retrieval Tool, 2024 Federal Tax Return Transcript(s), or signed 2024 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2024 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), ☐ Divorce decree or separation agreement or proof of separate addresses (mortgage/lease/power of water bill)
☐ Medical/dental expenses paid out-of-pocket (not paid by insurance or by using FSA/HSA accounts)	Name of person who paid the medical expenses: _____ Choose applicable year (check only one): ☐ Total out-of-pocket expenses paid in 2025: \$ _____ -OR- ☐ Total out-of-pocket expenses paid in 2026: \$ _____	☐ 2026-2027 V1 Verification Worksheet, ☐ IRS Data Retrieval Tool, 2024 Federal Tax Return Transcript(s), or signed 2024 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2024 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), ☐ Proof of medical/dental bills paid out of pocket. Documentation may include: paid receipts, a payment history from each medical/dental provider, bank statements, or cleared checks. An Explanation of Benefits (EOB) is not acceptable. ☐ Schedule A from your Federal Tax Return (2026 or 2027), if applicable
☐ Private School Tuition for a child	Name(s) of child(ren) for whom tuition was paid: _____ _____ Choose applicable academic year (check only one): ☐ Total out-of-pocket tuition paid in academic year 2025-2026: \$ _____ -OR- ☐ Total out-of-pocket tuition paid in academic year 2026-2027: \$ _____	☐ 2026-2027 V1 Verification Worksheet, ☐ IRS Data Retrieval Tool, 2024 Federal Tax Return Transcript(s), or signed 2024 1040 tax forms for student and parent(s), or student and spouse (if married), ☐ 2024 W-2 Forms/1099-Forms/benefit statements for student and parent(s), or student and spouse (if married), ☐ Receipts and/or statements from school(s) for applicable academic year (2025-2026 or 2026-2027) indicating the amounts paid out-of-pocket and for whom.

D. CERTIFICATION AND SIGNATURE REQUIRED

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information on this worksheet I may be fined, sent to prison, or both.

Student's Signature

Date

Parent's Signature – Dependent Students (Required)

Date

Equal Access Statement

Delta State University is committed to maintaining a learning and working environment free from sexual and gender-based discrimination or harassment. Our goal is for all to have equal access to the many great services and opportunities we offer. For more information, or to report an incident, see <https://www.deltastate.edu/titleix/> or email titleix@deltastate.edu.