



**FINANCIAL AID
SPECIAL CIRCUMSTANCES
2025-26 Change of Income Request**

Student Name _____ **ETBU Student ID** _____

This form may be used for the 2025-26 school year if your family experienced a change in financial circumstances that lowered your family's income for 2025. **You may be eligible for a recalculation of your aid eligibility due to change in employment status, income, or assets; change in housing status (e.g., homelessness); tuition expenses at an elementary or secondary school; additional family members enrolled in college; medical, dental, or nursing home expenses not covered by insurance; child or dependent care expenses; severe disability of the student or other member of the student's household; and other changes or adjustments that impact the student's costs or ability to pay for college.**

All applicants must first complete the 2025-26 Free Application for Federal Student Aid (FAFSA). **You and/or your spouse/parents should then provide documentation of your financial change.** This information is used to determine if your financial aid award will be adjusted on a case by case basis.

Instructions and Supporting Documentation: Check the box below to indicate the circumstance(s) you would like us to consider. Along with this form, please submit a letter explaining the circumstance(s) you would like us to consider, as well as the supporting documentation. Possible examples are listed under each situation you select. Our office must receive your 2025-26 FAFSA or TASFA before we can review your request.

Loss of Employment (e.g. loss of a job or reduction in hours/wages)

- ☐
- Letter explaining the situation you would like us to consider
 - Last check stub(s) from previous employer(s) or explanation of benefits letter from a state unemployment agency
 - Letter from previous employer(s) confirming date of termination
 - An estimate of 2025 income from all sources, including unemployment insurance and severance OR a copy of the IRS 2024 Tax Return Transcript (if 2025 income is expected to be similar to 2024 income)

Loss of Benefits (e.g. loss/reduction of child support, taxable Social Security, military benefits, etc.)

- ☐
- Letter explaining the situation you would like us to consider
 - Last check stub(s) or printout of the benefit(s) received
 - Letter from agency verifying date(s) and amount(s) of benefits lost; for child support, a copy of the divorce decree/court order

Deduction of One-Time Payment (e.g. pension/annuity/RA distribution, gambling winnings, settlement, etc.)

- ☐
- Letter explaining the situation you would like us to consider
 - Receipt(s) and/or statement(s) showing amount of the one-time payment and where one-time payment was spent
 - Copy of bank account statements
 - Estimate of 2025 income OR a copy of the IRS 2024 Tax Return Transcript (if 2025 income is expected to be similar to 2024 income)

Death of a Spouse or Parent after the FAFSA was filed

- ☐
- Letter explaining the situation you would like us to consider
 - Copy of death certificate
 - Estimate of 2025 income for surviving spouse OR copy of the IRS 2024 Tax Return Transcript (if 2025 income is expected to be similar to 2024 income)

Separation or Divorce after the FAFSA was filed

- ☐
- Letter explaining the situation you would like us to consider
 - Court documentation verifying legal separation or divorce
 - Estimate of 2025 income for custodial parent/independent student OR a copy of the custodial parent's/student's IRS 2024 Tax Return Transcripts (if 2025 income is expected to be similar to 2024 income) with w2's.

Unusual out of pocket expenses paid

- ☐
- Letter explaining the situation you would like us to consider
 - Proof of the payment of the expense (Major Medical/Funeral, etc.)

Additional family members in college

- ☐
- Proof of enrollment of additional students in college (student's schedule with college name included)
 - Copy of 2023 Signed Tax return with students in college as dependents.

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. income tax return. I also realize if I do not give proof when asked, the student may not be processed for financial aid.

Student Signature _____ **Date:** _____ **Parent/Spouse Signature** _____ **DATE :** _____

Return this form and any supporting documents by uploading them, AS A PDF ONLY, to our Upload Portal at www.etbu.edu/upload-fa. Directions and links for saving forms and documents as a PDF can be found at the Upload Portal.