



Special Circumstances Appeal 2026-2027

APPEAL DEADLINE: 30 days before semester starts

In some instances, the Free Application for Federal Student Aid (FAFSA) does not adequately reflect a family's financial situation due to extenuating circumstances beyond the family's control. This application allows the Financial Aid Department to re-evaluate a student's eligibility for financial aid resources. Please submit all requested documentation to enable a thorough review of your appeal. Submission of this appeal is not a guarantee any adjustments to your data; therefore, arrangements must be made to pay student's account based on current aid and alternative financing options. **Please allow 4-6 weeks for review and processing of this appeal.**

Student Information *(please print clearly)*

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Last Name

First Name

MI

Student ID# or last 4 digits SS#

Required Documentation

- The Special Circumstances Appeal form
- A written statement outlining the extenuating circumstances outlining the reason for this appeal
- **DEPENDENT STUDENT**, complete and submit the 2026-2027 V1 Dependent verification forms. You may download the forms at <https://www.hocking.edu/financial-aid-forms>
 - 2024 W2's for you and your parent(s) if there was employment in 2024 yet no tax return filed.
- **INDEPENDENT STUDENT**, complete and submit the 2026-2027 V1 Independent verification forms. You may download the forms at <https://www.hocking.edu/financial-aid-forms>
 - 2024 W2's for you and your parent(s) if there was employment in 2024 yet no tax return filed.
- Supporting documentation for your special circumstance

Examples of Special Circumstances:

- Loss of employment due to involuntary separation from employment (must have been out of work at least 10 weeks)
- Reduction of earnings due to disability or natural disaster
- Loss or reduction of untaxed income
- Separation or Divorce (Independent Students or Parents of Dependent Students)
- Death of Parent (Dependent Students) or Spouse
- Excessive Medical and/or Dental Expenses (must exceed 7.5% of the adjusted gross income for consideration)
- Sibling Private School Tuition for Elementary, Middle or High School (K-12) Paid for 2023 and/or 2024

Examples of Supporting Documentation

- Letter on company letterhead from previous employer confirming separation date, rate of pay, and copy of last pay stub
- Letter or statement from Unemployment Bureau confirming your benefits
- Court documents or official letter from appropriate agency
- Copy of separation or divorce agreement outlining separation agreement
- Copy of a signed death certificate in the event of a death of parent or spouse

Estimate of Income for 2024

Student Information *(please print clearly)*

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Last Name	First Name	MI	Student ID# or last 4 digits SS#

Instructions

Complete each section in its entirety. If the line does not pertain to you, enter '0' or 'NA'. In the sections pertaining to benefits, please indicate the recipient of the benefit (e.g., self, mother, step-parent, spouse, etc.). List the total income received during 2027 through today's date, and estimated income from today's date to 12/31/2027. If needed, multiply the dollar amount by the appropriate number of weeks/months/paychecks to determine the gross amount to list below (e.g., $\$1000 \times 12 \text{ months} = \$12,000$). If any of the benefits listed below are pending, do not submit this form until you receive confirmation of the amount from the provider.

Please submit copies of benefit paperwork for all that apply below.	Actual 1/1/27 -Today's Date	Estimated Today's Date through 12/31/27	Total
Gross Income from Work (Attach paystubs for the year.) By Parent 1 By Parent 2 or By Student (if Independent) By Student's Spouse	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____
Unemployment Benefits/ Worker's Compensation Recipient:	\$ _____	\$ _____	\$ _____
Military/Clergy Housing Allowance Recipient	\$ _____	\$ _____	\$ _____
Taxable Social Security	\$ _____	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____	\$ _____
Disability Recipient _____	\$ _____	\$ _____	\$ _____
Payments to tax-deferred pension and savings	\$ _____	\$ _____	\$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh or other retirement plans	\$ _____	\$ _____	\$ _____
Untaxed portions of pensions or IRA distributions	\$ _____	\$ _____	\$ _____
Other Income Sources: _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____

Certification Statement and Signature(s): I/We hereby acknowledge that I/We understand that if the requested documentation does not accompany this appeal, there will be no consideration for adjustments. I/We understand that verification of my FAFSA is necessary to resolve any potential conflicting data. I/We understand that providing false or misleading information may result in a fine, imprisonment or both. I/We further understand that the decision of the Financial Aid Department is final. *(If you are a dependent student, at least one of your parents must sign this form).*

	Date		Date
Student's Signature		Parent or Spouse Signature	