
2024-25 Special Circumstances Petition

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

This form may be used if the current year FAFSA does not adequately reflect the current financial condition of the household. Please complete all sections of this form. Additional documentation may be requested.

ALL forms must be accompanied with:

1. A detailed letter of explanation
2. Signed **2022 and 2023** Federal Tax Forms (for parent(s) and student, if student was employed)
3. **2022 and 2023** W-2 Forms for parent(s) and student (if employed)
4. Pay stubs for at least the 3 prior months of today's date (for the current calendar year)

An Approval of a Special Circumstances Petition does not guarantee an increase in Financial Aid. This petition may result in a decrease of Financial Aid if the financial information on the FAFSA is underreported. All forms will be reviewed on a case-by-case basis according to the guidelines set forth by the U.S. Department of Education.

Please note: Verification will be completed on your 2024-25 FAFSA application prior to this form being processed

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

- Loss of income due to non-disability related 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 on this form is true and correct to the best of my/our knowledge. I/we understand that false statements or misrepresentations are cause for denial, reduction, withdrawal and/or repayment of Financial Aid. I/we also understand that this information will be used in accordance with Federal guidelines and may or may not result in adjustments to the student's Financial Aid eligibility.

Student Signature

Date

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

Date

SECTION 2:**Estimated 2024 Income:**

Provide the best estimate of expected income from **all** sources (include taxable and non-taxable income) from January 1, 2023-December 31, 2024. **DO NOT** leave any blanks. If there is nothing to report, please indicate "0". Incomplete forms will not be processed.

Parent(s) Information (Dependent Students Only):

Please indicate amounts for each category below. If no income in a category, write "0"	Actual from 1/1/2024 to today	Projected income today through 12/31/2024	Projected year total for 2024 year
Taxable Income			
Parent 1 earnings from work (attach most recent paystub)	\$	\$	\$
Parent 2 earnings from work (attach most recent paystub)	\$	\$	\$
Unemployment compensation	\$	\$	\$
IRA Distribution (Taxable portion only)	\$	\$	\$
Severance Pay	\$	\$	\$
Vacation and/or Sick Pay	\$	\$	\$
Total Taxable Income	\$	\$	\$
Untaxed Income			
Tax Exempt Interest	\$	\$	\$
Child Support Received	\$	\$	\$
Worker's Compensation/Disability Benefits	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$
Other:	\$	\$	\$
Total Untaxed Income	\$	\$	\$

Student Information (and Spouse, if married)

Please indicate amounts for each category below. If no income in a category, write "0"	Actual from 1/1/2024 to today	Projected income today through 12/31/2024	Projected year total for 2024 year
Taxable Income			
Student earnings from work (attach most recent paystub)	\$	\$	\$
Spouse earnings from work (attach most recent paystub)	\$	\$	\$
Unemployment compensation	\$	\$	\$
IRA Distribution (Taxable portion only)	\$	\$	\$
Severance Pay	\$	\$	\$
Vacation and/or Sick Pay	\$	\$	\$
Total Taxable Income	\$	\$	\$
Untaxed Income			
Tax Exempt Interest	\$	\$	\$
Child Support Received	\$	\$	\$
Worker's Compensation/Disability Benefits	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$
Other:	\$	\$	\$
Total Untaxed Income	\$	\$	\$