

Name _____

Student ID Number _____

The 2024 income information reported on your Free Application for Federal Student Aid (FAFSA) may not be an accurate indicator of your ability to pay for educational costs in the 2026-2027 school year. By providing documentation of your unusual circumstance, you may qualify for reevaluation of your financial aid eligibility. If you do not meet any of the circumstances described below, but feel your financial situation has changed significantly, please meet with a financial aid advisor. Each case will be evaluated on an individual basis, and submission of this form does not guarantee a change in your financial aid eligibility. Only one special circumstance form will be accepted per academic year.

We are not able to estimate business or seasonal income. For families with this type of income, a special circumstance form will only be accepted after you have completed your 2026 taxes.

This form has four parts. Complete each section and attach all required documents before submitting. You will be contacted via IVCC student email if your special circumstance form is incomplete, or if further documentation is needed.

Part 1: General information (required for all request types)

2026-2027 FAFSA

You must complete the 2026-2027 Free Application for Federal Student Aid (FAFSA) at www.studentaid.gov and review the results before submitting this form. Answer all questions as asked, even if your current financial situation differs from that of 2024.

2026 -2027 FAFSA

Rationale

You must provide a typed statement explaining your special circumstance situation.

Typed Statement

Part 2: Select your circumstance and attach all required documentation

Unemployment

The student/spouse contributor earned money in 2024 but has since lost their job and has been unemployed for an extended period in 2026. Expected income for 2026 is significantly lower than reported in 2024.

Who became unemployed? Student Spouse contributor Last date worked: _____

Has this person started a new job? No Yes Start date: _____

Letter from the previous employer(s) indicating the date employment ended. This must be on company letterhead.

Copy of most recent paystub or earnings statement from each job worked in 2026.

Current statement of unemployment benefits indicating weekly benefit amount and total benefits received to date.

If you do not receive unemployment benefits, sign here: _____

Forms can be submitted by:

Fax: 815-224-0638 | Mail: Office of Financial Aid, 815 N. Orlando Smith Rd Oglesby, IL 61348 | In Person: CTC101S

Note: Documents submitted via email cannot be accepted due to security reasons. | Office Phone: 815-224-0438

Employment Change

Since 2024, the student/spouse contributor has changed jobs and will earn significantly less in 2026 than they did in 2024.

- Who changed jobs? Student Spouse contributor Date of change: _____
- Letter(s) from the previous employer(s) indicating the date employment ended, or in the case of reduced hours, a letter stating that hours or wages have been reduced and by how much.
- Letter(s) from current employer(s) stating the date employment began, average hours per week and hourly pay rate.
- Copy of most recent paystub or earnings statement from each job worked in 2026.

One-Time Income

In 2024 the student/spouse contributor received a one-time income, such as a Social Security payment, inheritance, IRA or pension distribution. This income will not be received in future years.

- Who received this income? Student Spouse contributor
- Statement from the third-party source of the one-time income indicating the payment amount and date paid.
- Typed statement from the recipient of the income. This statement must be specific and detailed, and should include additional documentation, such as receipts, bank statements, etc. The document(s) must explain:
 - The reason for the one-time payment, and
 - How the funds were spent, including amounts and dates.

Reduction in Untaxed Income

The student/spouse contributor received an income benefit (not employment income) for at least 10 weeks in 2024 which has now been lost. Possible examples include Social Security benefits, court-ordered child support, retirement, or disability benefits.

- Who lost the benefit? Student Spouse contributor
- Statement of termination or reduction from the source of income, indicating the last date the benefit was received.
- Statement from the source of income indicating the dates the benefit was received, including the amount of benefit received in 2024 and an estimate of benefits (if any) to be received in 2026.

Medical/Dental Expenses

In 2024 the student's family paid at least 10% of total income for medical and/or dental care. Payments reimbursed through insurance or Flex Spending accounts, or expenses claimed as a tax benefit will not be considered a special circumstance.

- Documentation showing medical/dental expenses paid in 2024, including medical bills and receipts.
- Copy of 2024 Federal 1040 tax return, including Schedule A

Divorce or Separation

After submission of the 2026-2027 FAFSA, divorce or separation has resulted in a reduction of family income.

- For divorce: copy of divorce decree.
- For separation: notarized statement indicating the date of separation.
- For separation: documentation demonstrating two separate households, such as lease(s), mortgage(s), or utility bill(s).
- If a joint Federal tax return was filed in 2024, submit copies of 2024 W-2 forms for both spouses.

Death

After submission of the 2026-2027 FAFSA, the student's spouse has died.

- Copy of death certificate.
- If a joint Federal tax return was filed in 2024, submit copies of 2024 W-2 forms for both the student and spouse.

Part 3: Estimate your family’s expected 2026 income

Provide estimates of your family’s expected income for the 2026 tax year. This includes income you or your spouse contributor have already received (year to date income) and income that you expect to receive through the end of the year (estimated income). Include both taxable and untaxed income.

	YEAR TO DATE ESTIMATED INCOME From 1/1/26 to 12/31/26
Student income from work.....	\$ _____
Spouse contributor income from work.....	\$ _____
Unemployment benefits.....	\$ _____
Child support <i>received</i>	\$ _____
Worker’s Compensation	\$ _____
Social Security benefits	\$ _____
Other untaxed income, such as housing, food, and other living allowances from military, clergy, and others	\$ _____

Part 4: Sign and return to the Office of Financial Aid and Veteran Services

Certification: All of the above information on this form and the attached documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give additional proof of the information that I have given on this form. I realize this proof may include a copy of a federal or state tax return. I also realize that if I do not give proof when asked, the Special Circumstance will not be reviewed.

Student Signature - **Must be drawn and not typed.** _____

Date _____

OFFICE USE ONLY

APPROVED
 DENIED
 NO ACTION TAKEN

Staff Signature _____ Date _____

Notes _____
