

**SPECIAL CIRCUMSTANCE APPEAL
FORM: DEPENDENT STUDENT
2026-2027**

FOR OFFICE USE ONLY

Verification Status: Completed

Original SAI: _____

Adjusted SAI: _____

Decision: Eligible Ineligible

Director/AD Initials: _____

Student Name: _____

Student ID: _____ **Phone**(_____) _____ - _____

Student Email: _____

If you believe that there are special conditions that were not considered in your 2026-2027 Free Application for Federal Student Aid (FAFSA), or you can now document a

significant change in your household financial circumstances subsequent to filing your FAFSA, please complete this Special Circumstance Appeal Form to request an evaluation of your financial aid eligibility. **Submission of an appeal does not guarantee approval nor does it guarantee an adjustment to financial aid awards.** Additionally, submission of this form does not prevent accrual of late fees on any unpaid student account balances. You are responsible for all outstanding charges with Queens University.

Federal regulations and institutional policies require that special circumstances fall within certain parameters and that they are accompanied by supporting documentation in order to recalculate financial need and eligibility. Queens University is held accountable for all decisions made and must be able to fully document why a decision was made to adjust a student’s FAFSA. **If an appeal is incomplete it will not be reviewed.**

SECTION I: EXPLANATION OF SPECIAL CIRCUMSTANCES

- Attach a typed statement that explains your circumstances in detail, including date change occurred.

SECTION II: REASON FOR SPECIAL CIRCUMSTANCE APPEAL

Select the applicable circumstance for consideration below and provide **all** applicable documents listed under each condition that applies to you. Additionally, you must also submit the following:

- 2024 and 2025 Federal Tax Returns, including all schedules; and 2024 & 2025 Tax Return (available at www.irs.gov) for parent and student, if applicable
- W-2’s for each parent and student, if applicable

- Loss of employment or reduction in wages:** *Loss of employment must be longer than 90 days
- Last paystub from employer and if parents are married, current paystub for both parents
 - Letter from previous employer verifying job status/change, including severance benefits
 - Official statement of unemployment (from State Dept. of Labor, showing beginning and end dates of benefits)
 - For reduction in wages, indicate date the change occurred: _____
 - Attach a copy of the statement of disability or social security benefits including date benefits will start

- Loss of benefits or untaxed income:**
- Unemployment Benefits (attach a copy of notification of loss of unemployment benefits indicating benefit ending date and monthly amount received before loss)
 - Child Support (attach a copy of the Court of Child Service Agency documents stating benefit ending date and monthly amount received before loss)
 - Other Untaxed Income (attach documentation verifying the change in untaxed income before loss)

- Retirement:**
- Attach a copy of the retirement (IRA distribution, pension benefits, or annuities) or social security benefits verification (Form SSA-1099-Social Security Benefit Statement) that shows the total amount to be received and the date benefits will start. Include documentation of other income received

- Divorce or separation:**
- Date of separation or divorce: _____
 - Attach separation papers or agreement, divorce decree/statement, a letter from a participating attorney or mediator stating marital status. Please also document separate residences (i.e. utility bills, lease or mortgage statement).

- Death of a parent:**
- Attach documentation of death (e.g., copy of death certificate, obituary, and/or funeral program) 2025 W-2's (surviving parent). Document any income from social security benefits, pension or other compensation

- Continuing and unusually high medical and/or dental expenses not itemized of Federal Tax Return or covered by insurance:**
- Attach a copy of 2024 & 2025 tax returns including all schedules and IRS tax return. Also attach medical, dental and pharmacy bills that were paid out of pocket in calendar year 2025

- One time income:**
- Attach documentation of distribution (retirement plan, IRA distribution, Form 1099, roll over documentation, letter from employer, etc.)

- Natural Disaster:**
- Attach receipts/bills paid out of pocket as well as any documentation related to the natural disaster.

PLEASE NOTE: We are unable to consider an appeal for circumstances that include, but are not limited to:

Parent/step-parent unwilling to provide information on the FAFSA and/or assist in paying for college, high consumer debt and other discretionary spending, expenses that have not yet occurred, students with prior Special Circumstances who underestimated their income, reductions in pay due to voluntary overtime, personal choice to leave job, bankruptcy proceedings, gambling/lottery winnings, bonuses, inheritances, settlements, life insurance.

*SFS reserves the right to request additional documentation not listed on this form.

SECTION III: ACKNOWLEDGEMENT:

By signing below,

1. We affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of our knowledge.
2. We acknowledge that submission of an appeal does not guarantee an adjustment to the student's award.
3. We recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances and will make arrangements to pay our bill on time and not wait for the outcome of this appeal.
4. We understand that if any of our projections change, we will immediately notify the Office of Student Financial Services.
5. We will provide all required documents as requested, to the Office of Student Financial Services, and understand that my appeal will not be processed until all documents are submitted.

Students will be notified, via email to their Queens email address, of the special circumstance appeal decision. Please sign and submit this form, including all supporting documentation, to the Student Financial Services Office by the stated deadline.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____