

If your family's financial situation has changed from what was reported on the 2027-2028 Free Application for Federal Student Aid (FAFSA), use this application to request an evaluation of the financial aid eligibility.

**Complete this application only if you have already submitted the 2027-2028 FAFSA.** Submission of this application does not guarantee an adjustment to the financial aid offer. All communication regarding this special circumstance application will be sent to the student's primary email address provided on this form. The student will be notified of any revisions to the financial aid offer.

**Section A: Demographic Information**

|                                   |                                                                             |                              |
|-----------------------------------|-----------------------------------------------------------------------------|------------------------------|
| Waldorf Student Name              | University ID (7 digits)                                                    | Student Email (@waldorf.edu) |
|                                   |                                                                             |                              |
| Spouse's Name <i>(if married)</i> | Spouse's University ID (7 digits)<br><i>(if Waldorf University student)</i> | Spouse's Email               |
|                                   |                                                                             |                              |

**Section B: Written Explanation of Special Circumstance**

☐ Please attach a separate written statement detailing your circumstances and provide any pertinent information that will help us better understand your particular situation. Make sure to **sign** your written statement once completed. **This application will be incomplete if this information is not submitted.**

**Section C: Projected 2027 Income Information**

Report all actual/anticipated taxable and nontaxable 2027 income (from January 1, 2027 to December 31, 2027).

| Actual/Anticipated<br>2027 Income           | Student: | Spouse: |
|---------------------------------------------|----------|---------|
| Wages/salaries/tips/severance               | \$       | \$      |
| Income from businesses (self-employment)    | \$       | \$      |
| Other Income <i>(please specify):</i>       | \$       | \$      |
| Non-taxable income <i>(please specify):</i> | \$       | \$      |
| Total Projected 2027 Income                 | \$       | \$      |

**Section D: Provide FAFSA Year Tax Documentation**

☐ Attach a copy of your 2025 federal 1040 tax return, including all tax schedules

☐ Attach a copy of your spouse's 2025 federal 1040 tax return, including all tax schedules *(if filed separately)*

**This application will be incomplete if this information is not submitted.**

## Section E: Special Circumstance – Check any boxes that apply to your request

Complete the items below by providing **all** applicable documents listed under each circumstance that applies to you. You may check more than one item. **This application will be incomplete if this information is not submitted.**

|                          | REASON FOR APPEAL                                                                                                                           | REQUIRED DOCUMENTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>A. Loss of job/reduction in income in 2027</b><br><br><input type="checkbox"/> Student<br><input type="checkbox"/> Spouse                | <input type="checkbox"/> Date employment ended: ____ / ____ / ____<br><input type="checkbox"/> Attach a letter from your employer regarding loss of job or change in job status<br><input type="checkbox"/> Attach a copy of unemployment compensation letter or signed statement that you did or will not receive unemployment benefits<br><input type="checkbox"/> Attach a copy of your three most recent pay stubs, if currently employed, or last pay stub received, if not currently employed<br><input type="checkbox"/> Document any other income you will be receiving in 2027 |
| <input type="checkbox"/> | <b>B. Reduced earnings due to disability or natural disaster</b><br><br><input type="checkbox"/> Student<br><input type="checkbox"/> Spouse | <input type="checkbox"/> Date the change occurred: ____ / ____ / ____<br><input type="checkbox"/> Attach a statement from the appropriate agency verifying disability or natural disaster<br><input type="checkbox"/> Attach a recent paystub if available                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | <b>C. Loss of benefits or untaxed income in 2027</b><br><br><input type="checkbox"/> Student<br><input type="checkbox"/> Spouse             | <u>Child Support</u><br><input type="checkbox"/> Attach a copy of the Court or Child Service Agency documents stating benefit ending date and monthly amount received before loss<br><u>Other Untaxed Income</u><br><input type="checkbox"/> Attach documentation verifying the change in untaxed income before loss                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <b>D. Divorce or separation since completion of 2027-2028 FAFSA</b>                                                                         | <input type="checkbox"/> Date of separation or divorce: ____ / ____ / ____<br><input type="checkbox"/> Attach separation papers or agreement, divorce decree/settlement, a letter from a participating attorney or mediator stating marital status or<br><input type="checkbox"/> Attach proof of separate residences for the student and previous spouse (utility bills, mortgage statements, rental agreements, etc.)<br><input type="checkbox"/> Student's 2025 W2 or three most recent pay stubs                                                                                    |
| <input type="checkbox"/> | <b>E. Death of spouse since completion of 2027-2028 FAFSA</b>                                                                               | <input type="checkbox"/> Date of death: ____ / ____ / ____<br><input type="checkbox"/> Attach documentation of death (e.g., copy of death certification, obituary, and/or funeral program)<br><input type="checkbox"/> Student's 2025 W2 or three most recent pay stubs                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> | <b>F. Farm or farm-related conditions</b>                                                                                                   | <input type="checkbox"/> Three most recent years of tax returns (2025, 2023, 2022), including all schedules, including Schedule F of your 2025 federal tax return                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <b>G. Medical/dental expenses <u>not paid</u> by insurance during the 2027 calendar year</b>                                                | <input type="checkbox"/> Attach <u>proof of payment</u> for medical, dental, and pharmacy bills that you paid out of pocket in the calendar year 2027 (do not include Explanation of Benefits from insurers)<br><input type="checkbox"/> Provide documentation of the amount you pay per month, excluding employer contributions, for medical/dental insurance                                                                                                                                                                                                                          |
| <input type="checkbox"/> | <b>H. One-time income</b>                                                                                                                   | <input type="checkbox"/> Attach documentation to illustrate the receipt of income you do not plan to receive again                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | <b>I. Other Special Circumstance</b>                                                                                                        | <input type="checkbox"/> Attach documentation to support your special circumstance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## Section F: Certification Statement

All the information provided on this application is true and complete to the best of my knowledge, and I agree to give proof of this information if requested to do so. I understand that verification of my projections may be required at the end of the current year. I grant the Office of Financial Aid permission to update the FAFSA through the Federal Student Aid online correction tool to match the values found on this and other verification documents you have or will receive. ***If I underestimate my projected income or if I overestimate my projected expenses, I understand that I may be required to repay previously awarded financial aid.***

I understand that submission of a special circumstance application does not guarantee a change to the student's financial aid offer. I understand that the decision made by the Office of Financial Aid Special Circumstance advisor is final and cannot be appealed to the U.S. Department of Education.

**All Special Circumstance applications are subject to review and verification of the original Free Application for Federal Student Aid (FAFSA).**

Student's signature

Date

Spouse's signature (if married)

Date

**This application will be incomplete if either the student or spouse (if married) signature is missing.**

**Please ensure all financial fields are legible. Personal information, like a Social Security Number, may be blacked out for security.**

## Submission Checklist

- ☐ **Section A** is complete
- ☐ Attached documentation from **Section B**
- ☐ **Section C** is complete
- ☐ Attached documentation from **Section D**
- ☐ Completed and attached documentation from **Section E**
- ☐ Student and spouse (if married) signatures complete in **Section F**

## Document Submission Instructions

Documents requested by the Office of Financial Aid must be uploaded to your Student Portal.

### Mailing Address:

Waldorf University  
ATTN: Financial Aid  
106 S. 6<sup>th</sup> St.  
Forest City, IA 50436

### Email

fa@waldorf.edu

### Fax:

641-585-8541