



2026-27

SPECIAL CIRCUMSTANCES APPLICATION

COMPLETE WITH
BLACK INK ONLY.

This Special Circumstances Application is intended for undergraduate students only. Applications and supporting documentation will not be reviewed until all financial aid application requirements have been fulfilled and academic progress is in compliance with UToledo's Satisfactory Academic Progress (SAP) standards for recipients of federal student aid.

Graduate/professional students who are experiencing a financial hardship are encouraged to seek assistance through the Financial Emergency Intervention Program at utoledo.edu/financialaid/rocket-aid.

If the information you reported on your Free Application for Federal Student Aid (FAFSA) does not reflect your current financial situation or does not consider a circumstance that has resulted in a decline in family income or additional eligible expenses as indicated, complete this application to request a review of your financial aid eligibility that includes this information. **Please be aware that not all special circumstance adjustments result in additional financial aid.**

Once this application and all required supporting documentation is received, allow 7-10 business days for processing. Applications received from mid-July through August may take longer to review. If your application has not been processed prior to your bill due date, it is your responsibility to make alternative payment arrangements, if necessary.

Please write your Student Rocket Number on all documents being submitted.

APPLICATION DEADLINES:

The preferred deadline for this application (including all required supporting documentation) is February 8, 2027, or two weeks prior to your last day of attendance, whichever occurs first. Per federal regulations related to making changes to FAFSA data, consideration will not be given to applications and/or supporting documentation received after April 23, 2027, or after two weeks prior to your last day of attendance, whichever occurs first.

CIRCUMSTANCES THAT WILL BE CONSIDERED INCLUDE:

- Loss of employment or an employment change resulting in a reduction in earnings
- One-time, lump sum 401(k)/pension withdrawal or other one-time, lump sum income included in 2024 adjusted gross income that was used for extenuating circumstances such as natural disaster recovery, loss or damage to primary residence, out of pocket funeral expenses, special travel/lodging expenses for medical reasons, adult care costs, etc.
- Loss of unemployment benefits
- Earnings from work under a cooperative education program offered by a college included in 2024 adjusted gross income
- Loss of child support received
- Increase in Alimony paid or Child Support paid in 2026
- Divorce or separation after the 2026-27 FAFSA was filed
- Death of a parent or spouse after the 2026-27 FAFSA was filed
- High unreimbursed medical and/or dental expenses incurred in 2025 or 2026
- Private elementary/secondary tuition for a child (other than the incoming/current college student) in academic year 2025-26 or academic year 2026-27

CIRCUMSTANCES THAT WILL NOT BE CONSIDERED INCLUDE:

- Income changes due to fringe benefit adjustments such as paid days off, holiday pay, employer-provided insurance coverage, etc.
- Loss of windfall income such as lottery or gambling winnings
- High consumer debt
- Circumstances for students who already have a -1500 Student Aid Index (SAI)

SECTION 1: DESCRIPTION OF SPECIAL CIRCUMSTANCES (REQUIRED)

UTOLEDO STUDENT ANTICIPATED GRADUATION DATE: _____

ALL STUDENTS: Explain the change in your and/or your family's financial situation

If more space is needed for your explanation, attach an additional page including student name and Rocket Number with handwritten signature(s) and date of signature(s).

SECTION 2: ESTIMATED 2026 INCOME - JANUARY 1, 2026 THROUGH DECEMBER 31, 2026 (REQUIRED)

DEPENDENT STUDENTS: Provide information about you and the parent(s)/stepparent whose information was provided on the 2026-27 FAFSA.

INDEPENDENT STUDENTS: Provide information about you and your spouse (if married).

SOURCE(S) OF ESTIMATED 2026 INCOME (if none, answer \$0)	PARENT 1 Parent 1 initials: _____	PARENT 2 Parent 2 initials: _____	STUDENT	SPOUSE
2026 Total gross wages, salaries, severance pay, tips	\$	\$	\$	\$
2026 Unemployment benefits	\$	\$	\$	\$
2026 Retirement benefits/pension	\$	\$	\$	\$
2026 <u>TAXABLE</u> Social Security benefits	\$	\$	\$	\$
2026 Alimony payments received	\$	\$	\$	\$
2026 Child support payments received	\$	\$	\$	\$
2026 Net Income from self-employment or farming (Schedule C or F)	\$	\$	\$	\$
2026 Net Income from Real Estate Rentals, Partnerships, or Trusts (Schedule E)	\$	\$	\$	\$
2026 Dividends and Net realized Capital Gains	\$	\$	\$	\$
Other income: _____ _____	\$	\$	\$	\$

List <u>ALL</u> former 2026 employer(s)				
List ALL current 2026 employer(s)				

SECTION 3: SUPPORTING DOCUMENTATION (REQUIRED)

IMPORTANT: All verification and Satisfactory Academic Progress (SAP) requirements listed on the *myUT* portal under My Financial Aid>My Financial Aid Dashboard (Award Year 2026-27) must be completed prior to review of this Special Circumstances Application. If more than one person whose information was provided on your FAFSA has experienced the same circumstance, please complete and attach a separate page for each person.

Please answer **ALL** questions for each applicable circumstance and submit **ALL** required supporting documentation with this application to prevent processing delays.

Check applicable circumstance(s)	Complete all blanks for each circumstance checked. <i>If additional space is needed, attach an additional page.</i>	Required Supporting Documentation Checklist Use this checklist to ensure that all required documentation is submitted with your application. <i>"You" and "your" refers to the individual(s) who experienced the circumstance.</i>
☐ Loss of employment resulting in total unemployment	Name of person who experienced a loss of employment: Last date worked: ____/____/____ Name(s) of former 2026 employer(s): Have unemployment benefits been received as a result? ☐ Yes ☐ No Has severance pay been received as a result? ☐ Yes ☐ No Are you considered to be a dislocated worker (see definition below)? ☐ Yes ☐ No <u>Definition of Dislocated Worker:</u> An individual who has been terminated or laid off, or who has received a notice of termination or layoff from employment, including a separation notice from active military service (under other than dishonorable conditions).	☐ Letter(s) from your former 2026 employer(s) stating the date employment ended and 2026 year-to-date earnings ☐ Unemployment benefits letter or claimant inquiry letter from the unemployment office that includes your weekly benefit amount, current eligibility status, and a detailed summary of all 2026 year-to-date benefits received ☐ Final pay stub(s) from each former 2026 employer ☐ If applicable, a signed & dated statement indicating that you did not file for unemployment benefits ☐ If married, three or four of your spouse's most recent pay stubs ☐ Documentation for other sources of income reported in Section 2 above

☐ Reduction in earnings	Name of person who experienced a reduction in earnings: Date reduction in earnings began: ____/____/____ Names of all former 2026 employers, if applicable: Start date of new job, if applicable: ____/____/____ Return to work date, if applicable: ____/____/____	☐ Letter from your former employer stating the date employment ended and 2026 year-to-date earnings ☐ Final pay stub(s) from former 2026 employer(s) ☐ Three or four of your most recent 2026 pay stubs from your current employer(s) ☐ If married, three or four of your spouse's most recent pay stubs ☐ If applicable, a letter from your current employer stating your new rate of pay, average hours worked per week, and date of hire ☐ If self-employed, an <i>estimated</i> 2026 Schedule C (complete a blank 2025 Schedule C using 2026 estimates, indicate at the top of the document "Estimated 2026", and sign/date anywhere on the completed form) ☐ If applicable, unemployment benefits letter or claimant inquiry letter from the unemployment office that includes your weekly benefit amount, your current eligibility status, and a detailed summary of all 2026 year-to-date benefits received ☐ If applicable, a signed & dated statement indicating that you did not file for unemployment benefits ☐ Documentation for other sources of income reported in Section 2 above
☐ Loss of unemployment benefits	Name of person who experienced a loss of unemployment benefits: Date benefits began: ____/____/____ Date benefits ended: ____/____/____	☐ Unemployment benefits termination letter from the unemployment office ☐ Claimant inquiry letter from the unemployment office that includes your weekly benefit amount, current eligibility status, and 2026 year-to-date benefits received ☐ Your 2024 Form 1099-G ☐ Documentation for other sources of income reported in Section 2 above
☐ One-time 401(k)/pension withdrawal included in 2024 adjusted gross income	Name of person who received this income: What were the funds used for? Were additional funds withdrawn in 2025 or 2026? ☐ Yes ☐ No	☐ Your (and your spouse's, if married) 2024 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your (and your spouse's, if married) 2024 Federal Tax Return(s) with all schedules ☐ Your (or your spouse's, if married) 2024 Form 1099-R ☐ Documentation (receipts) showing the source of the withdrawal, and how the funds were spent. ☐ A <u>signed</u> copy of your (and your spouse's, if married) 2025 Federal Tax Return(s) with all schedules

☐ Death of FAFSA parent <u>or</u> spouse (<u>after</u> the FAFSA was filed)	Name of deceased: Date of death: 	☐ Your and your spouse's 2024 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your and your spouse's 2024 Federal Tax Return(s) with all schedules ☐ Your 2024 IRS Wage and Income Transcript ☐ Death certificate or published obituary if death certificate is not available ☐ 2026-27 Family Size Worksheet
☐ Divorce or Separation (<u>after</u> the FAFSA was filed)	Are you separated or divorced? ☐ Separated ☐ Divorced Date of separation/divorce: What was your marital status on the date the FAFSA was filed? 	☐ Your and your spouse's 2024 IRS Tax Return Transcript(s) or a <u>signed</u> copy of your and your spouse's 2024 Federal Tax Return(s) with all schedules ☐ Your 2024 IRS Wage and Income Transcript ☐ Divorce/Separation papers, or a letter from your attorney stating the marital status of the parties, or if separated, copies of utility bills/leases for you and spouse to show living separately. ☐ Documentation to verify the amount of alimony and/or child support you will receive in 2026 ☐ 2026-27 Family Size Worksheet
☐ Loss of alimony received	Date alimony began: Date alimony ended: 	☐ Your 2024 Schedule 1 from Federal 1040 ☐ Documentation of alimony you received in 2026 and when it ended
☐ Increase in alimony paid	Date increase in alimony paid began: 	☐ Your 2024 Schedule 1 from Federal 1040 ☐ Documentation of alimony you paid in 2026
☐ Loss of child support received	Date child support ended: For which child(ren) did child support end? Will you continue to receive child support for other children? ☐ Yes ☐ No	☐ Letter from the child support enforcement agency stating the date the child(ren) were/will be emancipated from child support ☐ Documentation from the child support enforcement agency stating the monthly amount of child support received prior to the emancipation of the child(ren) ☐ If you will continue to receive support for other children, documentation from the child support enforcement agency stating the new monthly amount you will receive in 2026

☐ Child support you paid	Date child support payments began: _____ / _____ / _____ For which child(ren) have you paid child support in 2026? _____ _____	☐ Documentation from the child support enforcement agency stating the monthly amount of child support you have paid to date in 2026 for all children
☐ Medical/dental expenses paid out-of-pocket (not paid by insurance or by using FSA/HSA accounts)	Name of person who paid the medical expenses: _____ Choose Which Year to Use (Check one only): ☐ Total out-of-pocket expenses paid in 2025: \$ _____ -OR- ☐ Total out-of-pocket expenses paid in 2026: \$ _____	☐ <u>Worksheet of Itemized Medical/Dental Expenses Paid</u> (found at https://www.utoledo.edu/financialaid/forms/) in 2025 or 2026 AND supporting documentation for each expense listed on the worksheet (paid receipts, a payment history from each medical/dental provider, bank statements, or canceled checks). An Explanation of Benefits (EOB) is not acceptable documentation. OR ☐ Schedule A from your Federal Tax Return for applicable year (2025 or 2026).
☐ Private elementary/secondary tuition for a child	Name(s) of child(ren) for whom tuition was paid: _____ Choose applicable academic year (Check only one): ☐ Total out-of-pocket tuition paid in 2025-26: \$ _____ -OR- ☐ Total out-of-pocket tuition paid in 2026-27: \$ _____ Name of elementary/secondary school(s): _____ _____ _____	☐ Receipts and statements from school(s) for academic year 2025-26 or academic year 2026-27 indicating the amounts paid out-of-pocket <u>and</u> for whom <i>Tuition paid by grants, scholarships, fee waivers, or tuition reimbursement will <u>not</u> be considered.</i> <i>Private elementary/secondary tuition paid for the entering University of Toledo student or college tuition paid for a child will <u>not</u> be considered.</i>

☐ Earnings from work under a cooperative education program offered by a college included in your 2024 adjusted gross income	Name of person who received cooperative education earnings in 2024: _____	☐ Your 2024 W-2s/2024 Wage and Income Transcript ☐ Coop position offer letter(s) from 2024 Coop employer(s)
	Name of Coop employer(s) in 2024: _____	
	Total amount of 2024 earnings <u>from Coop</u> experience (refer to box 1 of your W-2(s) from coop employer(s)): \$ _____	

HANDWRITTEN SIGNATURES AND DATES ARE REQUIRED BELOW.

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

CERTIFICATION STATEMENT: I (We) certify that all of the information provided on this application is true and complete to the best of my (our) knowledge. I (We) understand that further documentation may be requested by the Office of Student Financial Aid before a final decision is made, and that not every documented situation will result in a change in financial aid eligibility.

_____	_____
Student Signature (using full legal name)	Date
_____	_____
Parent 1 Signature (using full legal name)	Date
_____	_____
Parent 2 Signature (if applicable) (using full legal name)	Date

TO RETURN THIS FORM:

Upload to: *myUT.utoledo.edu*
 "My Financial Aid"
 "Financial Aid Documentation Upload"

Mail to: The University of Toledo
 Office of Student Financial Aid
 2801 West Bancroft Street, Mail Stop 314
 Toledo, OH 43606-3390

In person: Rocket Solution Central
 1200 Rocket Hall

Fax to: 419.530.5835

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.

For Office Use Only	
☐ Approved ☐ Denied	
_____	_____
OSFA Signature	Date
How was the student contacted regarding the results of the application:	
☐ By email to Rocket ID (Retain a copy for OSFA)	
☐ Student was notified in person on: _____	_____
	Date
☐ Student was called on: _____	_____
	Date