

Special Circumstances Appeal 2025-26 Change in Family Status

The Financial Aid Office understands the FAFSA does not always accurately reflect your family's ability to contribute to educational expenses. In some cases, appeals for additional aid are considered for a change in financial or household circumstance. To request a review of your financial aid eligibility, submit a Special Circumstances Appeal. Through this appeal process, the financial aid office has the authority to make changes to your FAFSA application or increase your Cost of Attendance in some cases.

It is important to know not all changes in circumstances result in an adjustment to your aid eligibility. Adjustments are also limited by fund availability. Visit our website for additional information at <https://www.shoreline.edu/apply-and-aid/funding-and-aid/financial-aid/default.aspx>

INSTRUCTIONS

- ☒ File a 2025-26 Free Application for Federal Student Aid (FAFSA) at <https://studentaid.gov>
- ☒ Attach documentation that supports the circumstances of your appeal with your name and ctcLink ID
- ☒ Submit requested verification documents (if selected), including an IRS data transfer through the FAFSA or a 2023 IRS Tax Return Transcript to verify income
- ☒ Complete, sign and submit this form

CHANGE IN FAMILY STATUS

Please check the box for your special circumstance(s) and carefully read the instructions for any additional required documentation. Attach all required documents with your name and ctcLink ID to this form.

☐ **Divorce or Separation**

A copy of legal separation or divorce papers, W2 wage statements and clear documentation concerning expected child and/or spousal support payment or receipt.

☐ **Death of a Parent**

A copy of the death certificate or obituary; documentation of any insurance payment expected to be received and W2 wage statements for the surviving parent.

☐ **Additional Family Member Added to Your Household**

Use the Personal Statement below to explain the change in your family, identify when the change occurred, your relationship to the family member, the type and amount of support provided, and whether or not your family will claim the person/s for tax purposes for 2024. Provide documentation if this is a change in custody or guardianship.

☐ **Including a Parent/s in College on FAFSA**

Transcript or enrollment verification form (if in first term) showing enrollment for at least six credits each term, and confirmation of degree or certificate program. Note: parent must attend school at least three out of four quarters, or two out of three semesters.

PERSONAL STATEMENT

Please provide a statement describing your financial circumstances and what caused a decrease (or one-time increase) in your resources. If you need more space, please continue on reverse side or attach a separate page.

Student Name:	ctcLink ID #:
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2025 PROJECTED INCOME

Please estimate your 2025 earnings and income, to the best of your ability, in the following table:

PARENT'S INCOME INFORMATION (Required for dependent students only)	CALENDAR YEAR January 2025 – December 2025
Parent 1 (Father, Mother, Stepparent) Gross Income from Work	\$
Parent 2 (Father, Mother, Stepparent) Gross Income from Work	\$
Parent(s) Other Taxable Income (ex: alimony received, business income, rental income, unemployment, capital gains, interest/dividends, etc.)	\$
Parent(s) Other Non-Taxable Income (ex: child support, military benefits other than educational benefits, tax-deferred pensions, etc.)	\$
STUDENT'S INCOME INFORMATION	
Student's Gross Income from Work	\$
Spouse's Gross Income from Work	\$
Student and Spouse's Other Taxable Income (ex: alimony received, business income, rental income, unemployment, capital gains, interest/dividends, etc.)	\$
Student and Spouse's Other Non-Taxable Income (ex: child support, military benefits other than educational benefits, tax-deferred pensions, etc.)	\$

SIGNATURES

By signing this form, I affirm that all information on this form and on any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide additional documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal and/or repayment of financial aid and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature (Required):	Date:
Parent Signature (Required for Dependent Students):	Date: