

Student Financial Services

400 Saint Bernardine St, BH 114 Reading, PA 19607 610-796-8201 / 610-796-8336 FAX sfs@alvernia.edu

Student Name:		Student ID:
Completed by:	◯ Student / S _l	pouse Parent of the above Dependent Student
on the 2026-2027	Free Application	It you have special circumstances that may reflect a reduction of income that you are not able to include for Federal Student Aid (FAFSA). Please indicate the circumstance that best describes your current not requests including the Required Documentation in the box below:
Required	O Wi	itten Detailed Statement of Circumstance
Documentation*	* O Ve	rification Completion*
•	○ Co	pies of 2024 tax transcripts/signed federal tax forms and W2/wage transcripts
	○ Su	oporting Documentation related to Special Circumstance below

^{*}If your FAFSA is selected for verification by the Department of Education or Alvernia University, your FAFSA information must be verified before any Special Circumstance review can be completed. Please provide the above documents in addition to those listed for your particular situation.

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Special Circumstance	For Dependent Students	For Independent Students	Supporting Documentation
O Loss of Employment/ Income from Work (Greater than 25% of Original Income)	Your parent(s') or your income earned in 2025 or 2026 is or will be less than that earned in 2024.	You and/or your spouse's income earned in 2025 or 2026 is or will be less than that earned in 2024.	Termination Notice from employerLast paystub showing Year-to-Date earnings
			Final Determination Notice for unemployment
			O 2025 1040 Form and IRS Tax Return Transcript & W-2(s)
Clegal Separation or Divorce	Your parents have separated or divorced AFTER filing the FAFSA.	You and your spouse have separated or divorced AFTER filing the FAFSA.	O Divorce Decree or Separation Agreement
O Death of a Parent or Spouse	A parent passed away AFTER filing the FAFSA, or federal tax forms from 2024 reflects deceased parent income.	A spouse passed away AFTER filing the FAFSA, or federal tax forms from 2024 reflects deceased spouse income.	O Death Certificate
Ounusual Medical/ Dental Expenses Not Covered by Insurance and PAID in the Calendar Year 2025 or 2026	Your parent(s') and/or your medical expenses paid exceeded 11% of total income for (please check all that apply): 2025	You and/or your spouse's medical expenses paid exceeded 11% of total income for (please check all that apply): 2025	Company detailing medical expenses not covered and paid to date Payments of Medical
	○ 2026	○ 2026	Bills
One-Time Payment Received	Your parent(s') received a one-time lump sum payment of monies in 2024.	You and/or spouse received a one-time lump sum payment of monies in 2024.	One-Time Payment (Amount, Source, Reason) or 1099-R
Other added expenses/debts not included in current FAFSA information	Non-exhaustive list of 2025/2026 PAID Expenses related to: tuition-based elementary/secondary education; 2 nd professional licensure; disabled/elderly dependent care; debts related to UE, business closing, legal fees for divorce, adoption	Non-exhaustive list of 2025/2026 PAID Expenses related to: tuition-based elementary/secondary education; 2 nd professional licensure; disabled/elderly dependent care; debts related to UE, business closing, legal fees for divorce, adoption	Documentation Detailing Frequency of payments Amount(s) Source Reason



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The Office of Student Financial Services will make every effort to complete your Special Circumstanthe initial request. The sooner you are able to provide the required documentation, the sooner we response to your request. You are responsible for any outstanding balance due to the University was Options for the outstanding balance include a payment plan, a Federal PLUS Loan, or a private location of the Special Circumstance review.	e will be able to provid while this process is in	le you a review.
The Office will begin reviewing Special Circumstance requests as soon as possible prior to the start which the request is being made. All requests and documentation must be submitted in full befort made.	-	-
The Office of Student Financial Services must complete verification of your original data if required Education, review your submitted request, and notify you in writing by either providing you with a by notifying you the review resulted in no change in your financial eligibility. Please note that arr current balance must be made regardless of the status of your Special Circumstance request.	revised financial aid d	offer or
By my signature below, I certify that all of the information for this review, both on this form and the is true and complete to the best of my knowledge. I further understand that if the revised financiate to the receipt of all the requested documentation and a final review results in erroneous, under or financial aid offer will be adjusted accordingly. The Office makes no guarantee that a Special Circadditional financial aid. I agree to notify the Office of Student Financial Services of any changes to additional assistance that I receive for educational purposes. I also certify that I will use any Fede institutional aid I receive during the award year covered by this request solely for expenses related University.	al aid offer is complete overestimated data, i umstance review will i o this information and, ral Title IV aid, State, o	ed prior my result in l/or any and/or
Are all of the documents needed being submitted at the same time of this form?	Yes	No
If no, please explain:		
Student Signature	Date	
Parent Signature (For Dependent Students)	Date	

DO NOT mail a copy of this form or documents to the Department of Education.

Submit this form to the Student Financial Services Office at Alvernia University using the contact information above. Please retain a copy of this form and all documents submitted for your records.