



# 2026-2027 Unusual Circumstance Review

## Federal Student Aid Programs

Student Financial Services

400 Saint Bernardine St, BH 114

Reading, PA 19607

610-796-8201 / 610-796-8336 FAX

[sfs@alvernia.edu](mailto:sfs@alvernia.edu)

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Completed by: ☐ Student ☐ Guardian of the above student

The university recognizes that some students may have unusual circumstances as it relates to family and the FAFSA (Free Application for Federal Student Aid). The FAFSA Simplification Act provides directives for the Student Financial Services Office (SFS) to assist applicants with unusual circumstances to adjust the dependency status on the FAFSA form from a dependent status to an independent status (dependency override). SFS will review the student documentation as soon as possible and no later than 60 days after enrollment (completed registration/academic engagement). **Unusual circumstances are categorized as human trafficking, refugee status, parental abandonment/estrangement, homelessness, or student/parental incarceration.**

| Unusual Circumstance                                                                                                                                                    | Supporting Documentation/Action Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Since the age of 13, I was in foster care, I was a dependent or ward of the court, or both my parents are deceased.                               | Provide a copy of court documentation showing foster, orphan, or ward of the court status or a copy of each parent's death certificate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="radio"/> I was an emancipated minor or in legal guardianship as determined by a court in my state or legal residence.                                      | Provide official court documentation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> I was an unemancipated youth, was homeless, or am at risk of being homeless.                                                                      | If reported to your high school, please provide documentation filled out with the school homeless liaison. You may also provide documentation or a letter from the director of a homeless center. Contact the SFS Office if you are unable to provide this information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="radio"/> I have unusual family circumstances, which results in no parental contact.                                                                        | According to Federal Regulations, the following four conditions DO NOT merit a change to your dependency status:<br><ol style="list-style-type: none"><li>1. Parent refusal to contribute to the student's education</li><li>2. Parent unwillingness to provide information on the Free Application for Federal Student Aid (FAFSA)</li><li>3. Parent not claiming the student as a dependent for income tax purpose</li><li>4. Student demonstrating total self-sufficiency</li></ol> If you believe your unusual circumstance warrants a dependency review, you must submit a separate letter explaining your situation along with at least two letters from a professional source (ex. School administrator, attorney, case worker, police officer, clergy member, counselor, etc.) supporting your claim, and any other documentation you feel would assist the Office of Student Financial Services in reviewing your request and status. |
| <input type="radio"/> I made an error in my FAFSA.                                                                                                                      | Please add your parent(s) information to you FAFSA at <a href="https://studentaid.gov">https://studentaid.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="radio"/> I will not add my parent to the FAFSA, and I understand I may only be eligible for Federal Direct Unsubsidized Loan funds as a dependent student. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

By my signature below, I certify that all of the information for this review, both on this form and the supporting documentation, is true and complete to the best of my knowledge. I further understand that if the revised financial aid offer is completed prior to the receipt of all the requested documentation and a final review results in erroneous, under or overestimated data, my financial aid offer will be adjusted accordingly. I agree to notify the Office of Student Financial Services of any changes to this information and/or any additional assistance that I receive for educational purposes.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**DO NOT mail a copy of this form or documents to the Department of Education.**  
**Submit this form to the Office of Student Financial Services at Alvernia University using the contact information above.**  
**Please retain a copy of this form and all documents submitted for your records.**