



**2024-25 Special Circumstances Review Request - Independent**

**Student's Name:** \_\_\_\_\_ **USC ID:** \_\_\_\_\_

The Free Application for Federal Student Aid (FAFSA) may not always portray an accurate picture of your current financial situation. If you or your spouse's financial circumstances have changed significantly since you submitted your FAFSA, you may use this form to request a re-evaluation of your financial aid eligibility.

**Instructions:** If you are requesting assistance, answer the questions below, sign the certification statement, and attach the requested supporting documentation. Return this form and your documentation to your Financial Aid Office.

<b>Section A: Request to Update FAFSA Based on Special Circumstances</b>	
<input type="checkbox"/>	<p><b>My spouse and I are now divorced or separated as of _____ (date).</b> Attach divorce papers, court documents, or other official documents such as a letter from a third-party (such as an attorney or therapist) confirming situation, and/or the most recent tax return demonstrating your filed separately and live independently. Complete Section B of this form to estimate your income. Other documentation may be requested depending on the situation.</p>
<input type="checkbox"/>	<p><b>Since I completed my FAFSA, my spouse is now deceased.</b> Spouse's Name: _____ Date of death: _____ Attach a death certificate, obituary, or a letter from a third-party confirming situation. Complete Section B of this form to estimate your income. Other documentation may be requested depending on the situation.</p>
<input type="checkbox"/>	<p><b>I (or we) have medical/dental expenses not covered by insurance that I (or we) will pay out-of-pocket in the amount of \$_____.</b> Attach a statement from your health care provider that explains the illness/injury and treatment plan as well as insurance statements showing the date of treatment and the unreimbursed costs, bills or statements from your health care provider or pharmacist showing amount(s) due, canceled checks or statements demonstrating out-of-pocket payments, or paperwork regarding payment plan(s). Other documentation may be requested depending on the situation.</p>
<input type="checkbox"/>	<p><b>I no longer receive child support.</b> Attach a signed letter of explanation and supporting documentation. Other documentation may be requested depending on the situation.</p>
<input type="checkbox"/>	<p><b>Since I completed my FAFSA, I have become unemployed.</b> Last day of employment: _____ Monthly amount of unemployment benefits? _____ Attach a signed letter of explanation and supporting documentation. Complete Section B of this form to estimate income. Other documentation may be requested depending on the situation.</p>
<input type="checkbox"/>	<p><b>Since I completed my FAFSA, my wages have been reduced.</b> Attach a signed letter of explanation and supporting documentation. Complete Section B of this form to estimate income. Other documentation may be requested depending on the situation.</p>
<input type="checkbox"/>	<p><b>Since I completed my FAFSA, my spouse has become unemployed.</b> Last day of employment: _____ Monthly amount of unemployment benefits? _____ Attach a signed letter of explanation and supporting documentation. Complete Section B of this form to estimate income. Other documentation may be requested depending on the situation.</p>
<input type="checkbox"/>	<p><b>Since I completed my FAFSA, my spouse's wages have been reduced.</b> Attach a signed letter of explanation and supporting documentation. Complete Section B of this form to estimate income. Other documentation may be requested depending on the situation.</p>

<input type="checkbox"/>	<p><b>Since I completed my FAFSA, I or my spouse has retired.</b>  Date retirement began: _____ Monthly amount of retirement? _____  Attach a signed letter of explanation and supporting documentation. Complete Section B of this form to estimate income. Other documentation may be requested depending on the situation.</p>
<input type="checkbox"/>	<p><b>Another situation not outlined on this form.</b>  Attach a signed letter of explanation and supporting documentation. Other documentation may be requested depending on the situation.</p>

**Section B: Estimate Income**

1. Estimate income for either \_\_\_\_\_ *January 2024 to December 2024* OR \_\_\_\_\_ *July 2024 to June 2025*
2. Attach a copy of your and/or your spouse’s most recent federal tax return, including all schedules and W2’s.
3. Attach a copy of your and/or your spouse’s most recent paycheck stub or other documentation showing year-to-date earnings. If your and/or your spouse have no earned income, submit a statement itemizing how you pay your living expenses.
4. Estimate gross income before taxes for the period indicated above.  
Student: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_
5. Estimate taxable income for the period indicated above.  
\$ \_\_\_\_\_ Tax exempt interest income                      \$ \_\_\_\_\_ Untaxed portions of pensions  
\$ \_\_\_\_\_ Untaxed portions of IRA distributions  
\$ \_\_\_\_\_ IRA rollover into another IRA or qualified plan  
\$ \_\_\_\_\_ Pension rollover into an IRA or qualified plan

**Section C: Certification Statement**

*Each person signing below certifies that all of the information reported is complete and correct. **WARNING:** if you purposely give false or misleading information, you may be fined, sent to prison, or both.*

Student’s Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse’s Signature (If married, required): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date form and all documentation received: \_\_\_\_\_ Date responded to student: \_\_\_\_\_

I certify that all documents have been received and that they support the student’s request. I have **approved** the request based upon the documentation.

I have **denied** this request for the following reason: \_\_\_\_\_

I have commented on RHACOMM (including reason for adjustment, dollar amount(s), and items adjusted on record).

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_