

Deadline: Fall/Spring: Friday, May 1, 2026 Summer: Thursday, June 4, 2026

Note: You must file (or have filed) a 2025-2026 Free Application for Federal Student Aid (FAFSA) before your request can be considered. Submitting a request does not guarantee an adjustment will be made to your financial aid package.

This form is intended for students whose family's financial situations differ from the tax year utilized for the FAFSA. The 2025-26 Free Application for Federal Student Aid (FAFSA) is based on 2023 income information. However, if your family's 2023 income is no longer an accurate reflection of your current financial situation, this form may be submitted.

If your FAFSA has been selected for Federal verification, you must complete that process before we can review your request for special circumstances. Failure to submit required documentation will delay processing of this form. Please allow 3-4 weeks for processing.

The following list highlights appropriate documentation for each situation. Please give specific dates and reason(s) as to when and why changes occurred and list events in chronological order.

#### **Submission Process:**

- 1. **Written Statement: ALL** special circumstances must be explained in writing with appropriate supporting documentation
- Supporting documents: Check the table provided below to see what additional documentation(s) may
  be requested regarding your specific circumstance. Note: College of Marin
  cannot review special circumstance request without corresponding supporting
  document(s)
- 3. **Submission:** By email at: <a href="mailto:financial.aid@marin.edu">financial.aid@marin.edu</a>, in person at Enrollment Services Offices at both Kentfield and IVC campuses or by mail to the address at the bottom of this form

Student Information			
Last Name	CON	M ID#	
First Name	Pho	one Number	

Check All That Apply	Special Circumstance	Additional Questions & Required Supporting Documentation
	Separation/Divorce (Referring to the marital status of the student or the parents listed on the FAFSA)	<ul> <li>Who Separated/Divorced (circle one): Parent OR Student</li> <li>Date of divorce/separation:///</li></ul>



	b. your 2023 <b>and</b> 2024 W-2 forms	
	Dependent student-name of parent who will provide more than half of	
	your financial support:	
	Dependent student- provide the following for the parent listed above:	
	a. signed copy of parent's 2023 and 2024 1040 federal tax return and	
	Schedules (if applicable)	
	b. parent's 2023 <b>and</b> 2024 W-2 forms	
	Who experienced the Loss/Reduction:	
Loss of Employment or	Date of Loss/Reduction://	
Reduction of Income	Name of Employer	
	Has unemployment been received as a result?  Yes No	
	Has severance pay been received as a result? Yes No	
	Letter(s) of separation from employer listing last date of employment	
	Final pay stub(s) from previous employer(s)	
	Unemployment Benefits (if applicable)	
	Severance agreement (if applicable)	
	Date began new job if applicable://	
	Name of New Employer:	
	Most recent pay stub, if re-employed	
	Dependent student: provide parent(s) signed copy of 2023 and 2024	
	1040 federal tax return and 2023 and 2024 W-2 forms	
	<ul> <li>Independent student: provide your and spouse's signed copy of 2023</li> </ul>	
	and 2024 1040 federal tax return and 2023 and 2024 W-2 forms	
	Note: We will not review a special circumstance due to loss of	
	employment unless 3 months have passed since the last date of	
	employment	
	Name of Deceased:	
Death of a Parent or	Copy of death certificate	
Spouse (within the last	Dependent students: provide signed copy of parent(s) 2023 and 2024	
2 years)	1040 federal tax return <b>and</b> 2023 <b>and</b> 2024 W-2 forms	
_ , ,	Independent students: provide your signed copy of 2023 and 2024	
	1040 federal tax return and 2023 and 2024 W-2 forms	
	You/Spouse/Parent(s) received a one-time income in 2023 that will not	
Loss of One-Time	occur in 2025 (IRA, back-year Social Security payments, or divorce	
Income	settlement). Special circumstance consideration will not be given if this	
	one-time income is a result of an inheritance, insurance settlements,	
	pension, gambling winnings or losses, early distribution of retirement	
	accounts.	
	Copies of All contracts, agency notices, or legal documents that indicate	
	the date of one-time income was terminated, what amount of income	
	came from the source, and how that income was used.	



Significant Out-of- Pocket Medical Expenses (since 2023)	<ul> <li>Dependent student: provide parent(s) signed copy of 2023 and 2024 1040 federal tax return and 2023 and 2024 W-2 forms</li> <li>Independent student: provide your/spouse signed copy of 2023 and 2024 federal tax return and W-2 forms</li> <li>What type of medical expenses:         <ul> <li>When were the expenses paid:</li> <li>Who paid the Medical expenses:</li> <li>Total paid out-of-pocket:</li> </ul> </li> </ul>	
	<ul> <li>Total paid out -of-pocket in</li> <li>Copy of medical bills with proof of payment. Bills currently unpaid or paid by insurance are not eligible</li> </ul>	
Other (please specify in detailed)	There are other unusual circumstances not reflected in the FAFSA. We can only consider adjustments with detailed documentation. Please include as much <b>numerical data</b> as possible to explain your circumstances  • Required documents may vary depending on specific circumstances	
	<ul> <li>NOTE: The Special Circumstance process is not intended for:         <ul> <li>Non-essential expenses (vacation, high mortgage payments, second vehicles, etc.)</li> <li>Standard living expenses (utilities, cable bills, credit card payments, cell phone, gas, etc.)</li> </ul> </li> </ul>	

#### PROJECTED 2025 INCOME AND RESOURCES (COMPLETE THE TABLE BELOW)

Provide your best estimate of the amounts you/spouse/parent(s) will receive from all sources (include taxable and non-taxable income) from January 1, 2025 to December 2025. If you complete this form after December 31, 2025, please provide calendar year 2025 totals **only**.

Please indicate amounts for each category of income below. If no income in a category, write in "0"

Estimated ANNUAL 2025 Taxable Income				
Type of Income & Resources	<u>Student</u>	Student's	Father/Step-	Mother/Step-
		Spouse (if	<u>Father</u>	<u>Mother</u>
		<u>married)</u>		
Income Earned from Work (attach most recent pay stub)	\$			
Unemployment Compensation	\$			
Business/Farm Income	\$			
IRA Distributions (taxable portion only)	\$			
Taxable Interest Income	\$			
Social Security Benefits	\$			
Severance Pay	\$			
Other (describe)	\$			
Total Taxable Income	\$			



Estimated ANNUAL 2025 Untaxed income				
Type of Income & Resources	Student	Student's	Father/Step-	Mother/Step-
		Spouse (if	<u>Father</u>	<u>Mother</u>
		married)		
Worker's compensation/Disability Benefits	\$			
Welfare benefits (AFDC/TANF)	\$			
Child support received	\$			
Payments to tax-deferred pensions/savings plans	\$			
Deductible IRA and/or Keogh payments	\$			
Tax exempt interest income	\$			
Living allowances (as for military and/or clergy, and	\$			
others). Include cash payments and cash value of				
benefits. <b>Do not</b> include the value of on-base military				
housing or the value of basic miliary allowance for				
housing				
Veteran non-education benefits such as Disability,	\$			
Death Pension, or Dependency and Indemnity				
Compensation (DIC) and/or VA Educational Work-				
Study Allowance				
Total Untaxed Income	\$			

CERTIFICATION AND SIGNATURES (Typed/Electronic signatures are NOT accepted)		
By signing this form, I certify that all the information provided is true and complete to the best of my knowledge. I agree to provide proof of the information given on this form for consideration of my request. I also understand that submission of this form		
does not guarantee approval, and that approval does not	necessarily indicate an increase in the amount or types of aid I will	
receive. Both student and parent signatures are required	to authorize changes to a student's FAFSA.	
Student Signature	 Date	
Student Signature	Date	
Parent Signature	Date	
0	FFICE USE ONLY	
Staff Initial	Check that all required documents are enclosed:	
Date Rec'd	Complete Request form	
Rec'd byMailIn-personEmail	Written Statement	
	Supporting Documents (depends on circums. checked)	
Entered SPCOND code in Tracking Yes No		