2026-2027 SPECIAL CIRCUMSTANCES REQUEST

Deadline: Fall/Spring: Friday, May 7, 2027 | Summer: Friday, June 4, 2027

Note: You must file (or have filed) a 2026-2027 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 2026-27 Free Application for Federal Student Aid (FAFSA) is based on 2024 income information. However, if your family's 2024 income is no longer an accurate reflection of the family's **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
2. **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: financial.aid@marin.edu, 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		**COM ID#**	
First Name		**Phone Number**	

Check All That Apply	Special Circumstance	Additional Questions & Required Supporting Documentation
☐	**Separation/Divorce** (Referring to the marital status of the student or	• Who Separated/Divorced (circle one): Parent OR Student • Date of divorce/separation: _____/_____/_____

	the parents listed on the FAFSA)	• Documentation verifying separation or divorce (court decree, letter from attorney, court documents) • If the above is not available, provide documentation of separation living situation (ex. Separate addresses listed on state ID or current utility bills) **Independent student**: provide the following: a. your 2025 1040 tax return and schedules (if applicable) b. your 2025 W-2 forms c. your most recent 60 days pay stubs **Dependent student**-name of parent who will provide more than half of your financial support:_____ Provide the following for the parent listed above: a. signed copy of parent's 2025 1040 federal tax return and Schedules (if applicable) b. parent's 2025 W-2 forms c. parent's most recent 60 days pay stubs
☐	**Loss of Employment**	• Who experienced the Loss:_____ • Date of Loss:_____/_____/_____ • Name of Employer_____ • Has unemployment been received as a result? **Yes / No** • Has severance pay been received as a result? **Yes / No** • Letter from employer confirming last day worked • Final pay stub(s) from employer • 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** a. provide parent(s) signed copy of 2025 1040 federal tax return b. 2025 W-2 forms c. Provide both parents' most recent 60 days pay stubs **Independent student**: Provide the following: a. your and spouse's signed copy of 2025 1040 federal tax return b. your and spouse's 2025 W-2 forms

		c. your and spouse's most recent 60 days pay stubs
☐	Reduction of Income	• Who experienced the reduction:_____ • Effective date of reduction:_____/_____/_____ **Dependent students:** Provide the following: • Parents' 2025 1040 federal tax return • Parents' 2025 W-2 forms • Parents' most recent 60 days pay stubs **Independent students**: Provide the following: • Your spouse's signed copy of 2025 1040 federal tax return • Your and spouse's 2025 W-2 forms • Your and spouse's most recent 60 days pay stubs
☐	Death of a Parent or Spouse (within the last 2 years)	• Name of Deceased parent/spouse:_____ • Date of death_____/_____/_____ • Was the parent listed on the FAFSA? ____Yes ____No • Copy of death certificate, obituary or funeral notice **Dependent students**: If the parent had income that was reported on the FAFSA, provide the following: • provide signed copy of parent(s) 2025 1040 federal tax return **and** • parent's 2025 W-2 form **Independent students**: If the spouse had income reported on the FAFSA, provide the following: • Final pay stub from spouse's employer • Most recent W-2 form • Your (student)- most recent 60 days pay stub • your signed copy of the 2025 1040 federal tax return Survivor Benefits Documentation (if applicable) If you (student) is receiving benefits due to the spouse's death, provide the following: • Social Security survivor benefits statement • Pension survivor benefits

		• Any other ongoing income received as a result of the spouse's death
☐	Loss of One-Time Income	You/Spouse/Parent(s) received a one-time income in 2025 that will not occur in 2026 (IRA, back-year Social Security payments, or divorce 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. • **Dependent student**: provide parent(s) signed copy of 2023 **and** 2024 1040 federal tax return and 2023 **and** 2024 W-2 forms • **Independent student**: provide your/spouse signed copy of 2023 **and** 2024 federal tax return and W-2 forms
☐	Significant Out-of-Pocket Medical Expenses (since 2023)	• What type of medical expenses: _____ • When were the expenses paid: _____ • Who paid the Medical expenses: _____ • Total paid out-of-pocket: _____ • Total paid out -of-pocket in _____ • Copy of medical bills with proof of payment. Bills currently unpaid or paid by insurance are not eligible
☐	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 **numerical data** as possible to explain your circumstances • Required documents may vary depending on specific circumstances <u>NOTE: The Special Circumstance process is not intended for:</u> • Non-essential expenses (vacation, high mortgage payments, second vehicles, etc.) • Standard living expenses (utilities, cable bills, credit card payments, cell phone, gas, etc.)

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PROJECTED 2026 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, 2026, to December 2026. If you complete this form after December 31, 2026, please provide calendar year 2026 totals **only**.

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

Estimated ANNUAL 2026 Taxable Income				
Type of Income & Resources	Student	Student's Spouse (if married)	Father/Step-Father	Mother/Step-Mother
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 2026 Untaxed income				
Type of Income & Resources	Student	Student's Spouse (if married)	Father/Step-Father	Mother/Step-Mother
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. **Do not** include the value of on-base military housing or the value of basic miliary allowance for housing	$			

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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

_____ _____

Parent Signature Date

OFFICE USE ONLY

Staff Initial_____

Date Rec'd_____

Rec'd by____Mail _____In-person ____Email

Check that all required documents are enclosed:

_____ Complete Request form

_____ Written Statement

_____ Supporting Documents (depends on circums. checked)

Entered SPCOND code in Tracking_____Yes _____No