

Special Circumstance Application



Please fill in the spaces below:

Student's Name (Print): _____

SSN: _____ ID Number: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Email Address: _____

This application allows the Financial Aid office to re-evaluate a student's eligibility for financial aid due to certain uncontrollable family circumstances. The 2026-2027 Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA must be processed and released to the University of Rio Grande Financial Aid Office before this application can be processed. ***Applicants must supply all documentation required. Additional documentation may be requested for clarification purposes***

Nature of Special Circumstances (check ALL those that apply)

Income change for: (check one) _____ Parent(s) _____ Student/Spouse

Step 1: Provide a letter of explanation, describing the reason for requesting a special circumstance evaluation

Step 2: Check one of the following circumstances best matching your need:

☐ LOSS OF EMPLOYMENT DUE TO INVOLUNTARY REASONS

(must have been out of work for at least 10 weeks) ***Documentation Required:***

1. Letter on company letterhead from previous employer(s) indicating beginning and ending dates of employment, wage, rate, number of hours worked per week, and a copy of your last pay stub from work.
2. Letter or statement from unemployment bureau stating amount received per week and the number of weeks of eligibility. If you are not receiving unemployment benefits, provide a written statement indicating why you are not eligible to receive unemployment benefits.
3. Documentation of any untaxed income projected for 2026.

☐ REDUCTION OF EARNINGS DUE TO DISABILITY OR NATURAL DISASTER ***Documentation Required:***

1. Letter from employer or physician indicating the date of occurrence and nature of disability or natural disaster.
2. Letter on company letterhead from employer indicating wage rate, number of hours worked per week, and projected earnings for 2026.
3. Verification of 2026 projected income from agency providing disability income. If not receiving disability income, provide a written statement indicating reason for ineligibility.

University of Rio Grande/Rio Grande Community College

PO Box 500
Rio Grande, OH 45674-0500

Financial Aid Office
Phone: **740-245-7218**
Fax: **740-245-7102**

Email: finaid@rio.edu



Visit: www.rio.edu for more information

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Cont. Section 2

Check one of the following circumstances best matching your need.

- ☐ **LOSS OR REDUCTION OF UNTAXED INCOME** (Including Social Security benefits, child support received, TANF, Worker's Compensation) **Documentation Required:**
1. Court papers or official letter from appropriate agency specifying the date the benefit ceased or reduced and total income from that agency.
- ☐ **SEPARATION OR DIVORCE OF SELF OR PARENTS** **Documentation Required:**
1. Copy of student or parent separation agreement or divorce decree or letter from lawyer stating terms of the separation or divorce.
 2. Copy of students or parent's 2024 federal tax return and W-2's.
 3. Proof of support for the year of 2024 total for the year from all sources. List on back of form and attach documentation.
- ☐ **DEATH OF PARENT OR SPOUSE** **Documentation Required:**
1. Copy of signed death certificate.
 2. Copy of student/spouse or parent 2024 federal income tax return and W2's.
 3. Proof of expected income for 2026.
- ☐ **ONE TIME LUMP SUM SPENT ON ANOTHER LIVING EXPENSE** (from pension, severance, real estate, etc.) **Documentation Required:**
1. Federal 1040 or 1040A tax return and/or letter of explanation with documentation payment
- ☐ **REDUCED INCOME IN RESULT OF A JOB CHANGE** (lower earnings) **Documentation Required:**
1. W-2 from 2024
 2. 2024 IRS Tax Return or Transcript from IRS

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PROJECTED EARNINGS FOR 2026

(Everyone must complete this section for the family member(s) special circumstance involves)

Complete the following table with the most accurate estimate possible for earnings for the year 2026. Indicate "0" or items that do not apply. Provide verification of all projected income including copy of last pay stub and explanation of current employment status (wage rate, hours per week, and number of weeks in 2026).

PLEASE NOTE: Students or parents who regain employment after special circumstances have been approved/processed, must report and provide income verification based on new information IMMEDIATELY to the Financial Aid Office. Adjustments will be made if eligibility changes. The Financial Aid Office reserves the right to request tax information at any time.

Jan. 2026 -Dec. 2026	Student	Spouse	Mother	Father
Earnings from Work	\$	\$	\$	\$
Interest/Dividend Income Capital Gains	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Business/Farm Income	\$	\$	\$	\$
Pension/Annuity	\$	\$	\$	\$
Other (Indicate Sources)	\$	\$	\$	\$

Certification:

I certify that all the information and documentation that I have provided regarding this petition is true and complete.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Office Use Only – Do Not Write In This Area

Approved ____ Denied ____ Reviewed By: _____ Date: _____

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