



Office of Enrollment Services
125 Michigan Avenue, NE
Washington, DC 20017
 Ph: 202.884.9530 fax: 202.884.9524
 E-mail: enrollmentservices@trinitydc.edu

2024-2025 Special Circumstance Request

This request is used to adjust the income reported on the 2024-2025 Free Application for Federal Student Aid (FAFSA) due to a change of circumstances during the calendar or academic year.

Student Name: _____ **Trinity ID or SSN#:** _____

STEP 1: CIRCUMSTANCE TO BE CONSIDERED (check one):

- Loss of employment Separation or divorce Death of a spouse or parent
 Unusual medical expenses Deduction of a one-time payment

STEP 2: REASON FOR FILING

In the space below, give specific dates and reasons as to when and why income changes occurred. Be specific and list events in chronological order.

STEP 3: 2021 INCOME

Project the anticipated income OR report the actual income for yourself and your spouse/parent(s) in the spaces provided.

- If completing this form before January 1, 2024, use your best estimate of the TOTAL amounts expected for January 1, 2024 to December 31, 2024.
- If completing this form after January 1, 2024, file your taxes first and use the figures from your federal tax returns.

STUDENT/SPOUSE EXPECTED INCOME	CALENDAR YEAR (Jan 1-Dec 31, 2024)	PARENT(S) EXPECTED INCOME	CALENDAR YEAR (Jan 1-Dec 31, 2024)
Adjusted Gross Income (wages, unemployment, interest income, etc.)		Adjusted Gross Income (wages, unemployment, interest income, etc.)	
Income Tax Due		Income Tax Due	
Income earned from work by student		Income earned from work by father	
Income earned from work by spouse		Income earned from work by mother	
Untaxed income (Social Security Benefits, Disability, TANF, Public Assistance, etc.)		Untaxed income (Social Security Benefits, Disability, TANF, Public Assistance, etc.)	

I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required I will submit those documents in a timely manner or my Special Circumstance Request will be denied. I also understand that giving false or misleading information is a violation of the Trinity Honor Code and federal law and will be treated as such.

Student Signature

Date

Parent Signature (required if student is dependent)

Date

TO COMPLETE YOUR REQUEST YOU MUST SUBMIT THE DOCUMENTATION AS DETAILED ON THE BACK OF THIS FORM.

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STEP 4: DOCUMENTATION: All students MUST submit the following documentation, regardless of their reason for filing a Special Circumstance Request:

- 2024-2025 Standard Verification Worksheet
- 2022 Federal Tax Return Transcript AND Spouse/Parents' 2022 Federal Tax Return Transcript
- If special circumstance request is submitted after Jan 1, 2024, you must submit in addition the student's 2023 Federal Tax Return Transcript AND Spouse/Parents' 2023 Federal Tax Return Transcript

In addition, the following documentation is required:

LOSS OF EMPLOYMENT - Student/Spouse/Parent was working during 2022, but is now working fewer hours or is unemployed. The following documentation is required from the unemployed household member:

- ✓ Last check stub(s) from previous employer
- ✓ Letter from previous employer stating date of termination if available
- ✓ Last check stub or explanation of benefits letter from unemployment

DEDUCTION OF ONE-TIME PAYMENT - Student/Spouse/Parent received a ONE-TIME PAYMENT (pension, IRA, annuities, gambling winnings, settlement, etc.) The following documentation is required:

- ✓ Receipt(s) and/or statements showing amount of one-time-payment and where one-time payment was spent
- ✓ Copy(s) of bank account statements

SEPARATION OR DIVORCE - Student/Parent was married when the FAFSA was filed, but has now separated or divorced. The following documentation is required:

- ✓ Court documentation verifying legal separation or divorce

DEATH OF A SPOUSE OR PARENT - Spouse/Parent passed away after the FAFSA was filed. The following documentation is required:

- ✓ Copy of Death Certificate

UNUSUAL MEDICAL EXPENSES - Student/Spouse/Parent has unusual medical expenses NOT covered by insurance. The following documentation is required:

- ✓ Copy of bill(s) AND receipt(s) of payment

Please return this form and all supporting documentation to: Office of Enrollment Services, 125 Michigan Ave NE, Washington DC 20017 or fax to (202) 884-9524. Please call (202) 884-9530 with any questions.

FOR OFFICE USE ONLY

ISIR Transaction _____

Current SAI _____

Special Circumstance Request Approved

New SAI: _____

Corrections requested? Y / N

Comments: _____

Special Circumstance Request Denied. Reason for Denial: _____

Incomplete. Documentation needed: _____

FAA Signature: _____

Date: _____