

MISERICORDIA UNIVERSITY - Special Circumstances Form - Independent Student – 2026-2027

The Special Circumstance form is for students who have experienced extenuating circumstances that may not be accurately reflected in the information provided on the 26-27 FAFSA. Please complete the form and return to the Financial Aid office along with required documentation.

Please do not email sensitive information such as tax documents, social security numbers or other personally identifiable information. Instead, fax to (570) 674-3063 or mail to: Misericordia University, Student Financial Services, 301 Lake Street, Dallas, PA 18612

Our office will re-evaluate your financial aid eligibility **only** after receiving all requested and required documentation. The Financial Aid Administrator **may** use professional judgment, as long as it is within the intent of the law. Your request will be given careful consideration. *Misericordia University is **NOT** required to adjust awards. Making a request for a review of special circumstances does not guarantee an increase in funding.*

If you are a Pennsylvania resident, please contact PHEAA for their special condition form for a possible change in Pennsylvania state grant eligibility at 1-800-692-7392 or at www.pheaa.org.

Student's Last Name	First Name	MU ID #
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Check the box that applies to you and your spouse. Also provide a brief description of your special circumstance on the second page. If none of the lines apply, provide a detailed summary of your special circumstances on the second page.

Special Circumstance	Description	Required Documents
☐ Loss or reduction of income from work	Student/Spouse has been unemployed or has experienced a change in employment status for at least 10 weeks in 2026. Last day of employment: ____/____/____ Anticipated return to work: ____/____/____ or Unknown	■ Last pay stub showing year-to-date earnings <u>student and spouse</u> ■ Termination Letter ■ Benefit notice from employment office
☐ Loss of untaxed income from ☐ Child Support ☐ Social Security ☐ Worker's Compensation ☐ Alimony ☐ Other untaxed income	Loss of income for at least 10 weeks in 2026 Date income ceased: ____ - ____ - ____	■ Documentation from agency stating the termination date ■ Other Documentation
☐ Legal separation or divorce	Have you and your spouse separated or divorced AFTER filing the FAFSA	■ Divorce decree or separation agreement ■ Letter of Explanation ■ W-2
☐ Death of a spouse	Spouse has died AFTER filing the FAFSA	■ Death certificate ■ W-2
☐ Unreimbursed medical/dental expenses	Medical expenses not covered by insurance	■ Proof of payment of medical bills ■ Letter from insurance company showing medical expenses not covered ■ Enclosed Medical Expense form
☐ One-time payment received	A significant one-time lump sum payment was received in 2024	■ Document detailing payment amount, source, and reason ■ Written statement explaining why the payment cannot be used for schooling

Note: High mortgage costs, credit card / consumer debt, and other discretionary expenses incurred in many households will not be considered in our evaluation of your eligibility for financial aid.

Briefly describe the Special Circumstance. Use a separate sheet of paper if necessary.

Projected Income and Benefits from January 1, 2026 to December 31, 2026. If you are unable to estimate the total income you will receive for 2026, at this time, keep this form until you can provide an accurate estimate. If submitting after December 31, 2026 then please also include a copy of your 2026 federal tax return and W-2's. Also include for spouse if applicable.

PLEASE COMPLETE ALL LINE ITEMS. IF "NONE" OR "NOT APPLICABLE", ENTER "0".

Source of Income	Student	Spouse
Wages, tips, salary	\$	\$
Interest and/or dividend income	\$	\$
Business/farm income	\$	\$
Unemployment compensation	\$	\$
Worker's compensation	\$	\$
Pensions and/or annuities	\$	\$
Severance Pay	\$	\$
Retirement benefits	\$	\$
Social Security/SSI benefits	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Welfare benefits	\$	\$
Other: _____	\$	\$
Total of all income	\$	\$

UNIVERSITY RELEASE AND CERTIFICATION:

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my federal, state or local income tax return. I also realize that if I do not give proof when asked, the student may not get aid.

Student's Signature: _____ DATE: _____

Spouse's Signature: _____ DATE: _____

APPROVED BY: _____ DATE: _____

_____ DATE: _____

