

STUDENT NAME \_\_\_\_\_

Student Financial Services Campus Hub 120 Wigley Administration Mankato, MN 56001 P: 507-389-1866/ F: 507-389-6410



## **Professional Judgment for Special Circumstances Request 2025-2026**

TECH ID\_

	mstances are situations beyond an individual's control that affect income reported on the 2025-2026 FAFSA. Below are listed the situations ustments to your financial aid application may be possible.
SECTION	<b>A</b> : ***PLEASE INDICATE THE SITUATION(S) THAT APPLY AND SUBMIT WITH DOCUMENTATION ATTACHED***
	Your 2025 income has <u>substantially</u> decreased from the 2023 income as result of a loss or change in employment due to extenuating circumstances for a period of 10 weeks or longer during 2025.
	Documents required:
	☐ A personal statement explaining your situation and extenuating circumstances.
	☐ For your loss of income, complete Section B of Special Circumstance Form.
	Letter or document from previous employer on company/organization letterhead indicating dates of employment.
	☐ The most recent pay stub indicating year-to-date earnings.
	□ Copies of all 2023 W2's, Schedule C's, or Schedule F's
	☐ If unemployed, a copy of the most recent unemployment compensation statement. If you are not receiving unemployment compensation, please address this in your personal statement and provide copy of denial notice.
	You had a loss or reduction in an untaxed income or benefit which had been received in 2023. <b>Documents required:</b>
	☐ A personal statement explaining your situation.
	□ Complete Section B of Special Circumstance Form
	Letter or document from the agency/organization from which the benefit was received indicating the last date the benefit was
	receive or reduced.
	□ Total amount of untaxed income now expected for 2023 Source
	□ Date benefit stopped:
	You have divorced or legally separated since the time you applied for Federal Student Aid.
	Documents required:  In the case of divorce, copy of divorce decree.
	In the case of separation, a letter from an attorney indicating separation date.
	<ul> <li>If you filed 2023 taxes jointly, please provide a signed copy of your 2023 Federal Income Tax Returns AND applicable schedules and W-2s.</li> </ul>
	□ Complete updated household size form Section C.
	Your spouse has passed away since the time you applied for Federal Student Aid.  Documents required:
	□ Copy of the death certificate or obituary notice.
	If 2023 taxes were filed jointly, please provide a signed copy of your 2023 Federal Income Tax Returns AND all applicable schedules and W-2s.
	You had excessive medical and dental expenses not covered by insurance.
	To consider expense during the 2023 year, provide a copy of the 2023 IRS Schedule A, or receipts of medical expenses paid by you in
	2023.
	To consider expenses during the 2025 year, provide a copy of the 2025 Schedule A, or receipts of medical expenses paid by you in
	2025
	Distribution of 401K or similar, based on financial hardship, that is included in the 2023 adjusted gross income.  Documents required:
	☐ Personal statement detailing situation and how funds were utilized. Indicate if any funds are remaining.
	□ Copy of mortgage/rent documents, utility bills, medical costs, or other expenses that were paid with these funds.
	☐ Signed copy of 2023 Income Tax Return and <u>ALL</u> IRS 1099R forms.
	Other: Personal Statement and supporting documentation required.



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## **SECTION B**

## **2025 INCOME PROJECTIONS (for loss of income)**

Please provide your most recent paystub for all jobs worked from January 1, 2025 to present. Estimate all expected income from the present until December 31, 2025.

\*\*If submitting this request after the Fall 2025 term has ended, please attach a copy of your 2

024 Federal Income Tax Return and W-2's \*\*

Wages, salaries, tips, and all other taxable income (do not include financial aid, unemployment, or wages earned through work-study).

Name of Individuals	1/1/2025 to present	+	the present to 12/31/2025	=	2025 taxable total
Student	\$	+	\$	=	\$
Spouse	\$	+	\$	II	\$

Untaxed income (child support, payments to tax-deferred pension and savings plans, untaxed portions of IRA distributions, worker's compensation, other untaxed income). PLEASE SPECIFY AND LIST YEARLY ESTIMATED TOTAL:

## **SECTION C** (only if you have become divorced or separated)

Please list your household members referenced in Section A, be sure to INCLUDE YOURSELF below.

, Name	Birth Date	Relationship to Student	College Attending 2025-2026
John Smith (example)	12/31/9999	Self	Central University
1.		Self	
2.			
3.			
4.			
5.			
6.			
7.			
8.			

The information and projections are true to the best	of my/our knowledge.	I/we understand that no adjustm	ents will be made to the financial aid ap	plication without the
appropriate supporting documentation.				

STUDENT SIGNATURE DATE

Return by Mail To: Campus Hub

Minnesota State University, Mankato 120 Wigley Administration Mankato, MN 56001 Drop off at the Campus Hub
OR 117 Centennial Student Union

Fax: 507-389-6410

<u>Upload the completed signed form and all supporting documentation to:</u> <u>https://link.mnsu.edu/upload</u>

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