

Financial Aid Office 9801 Frankford Ave. Philadelphia, PA 19114 Phone: 267-341-3233 Fax: 215-599-1694 finaid@holyfamily.edu www.holyfamily.edu/finaid

## 2025-2026 Special Circumstances Form

## **PURPOSE OF THIS FORM**

This form is intended for you to notify the Financial Aid Office of special circumstances that were not able to be reported on your Free Application for Federal Student Aid (FAFSA). Please complete the sections that pertain to your situation. Submit this completed form along with all of the required documentation requested. Please note that this form will not be processed without the supporting documentation attached. If additional details are necessary, you may attach written explanation of your situation. Once this information is received, your eligibility will be reevaluated and you will be notified of the results.

You should also be aware that this form cannot be used to reevaluate Pennsylvania state grants. If you are a resident of Pennsylvania, you should visit www.pheaa.org or contact the Pennsylvania Higher Education Assistance Agency (PHEAA) at 800-692-7392 to request their special circumstances form. If you reside in another state and receive a state grant at Holy Family, you should contact your state's agency to determine if another form is required.

	SE PRINT TUDENT'S NAME	:					
Н	OLY FAMILY ID: _						
Α	DDRESS:	STREET ADDRESS					
						TATE	
D	AYTIME PHONE:		E	VENING PHONE: _			
S	PECIAL CIRCUMS	STANCE (Please t	ill out what perta	ins to your situatio	n)		
				ge occurred during	<u>2023, 2024</u>	or 202	5 <i>and</i> your 2025
me	<u>e will be significa</u>	ntly less than in 2	2023 and/or 2024				
	Date of employm Please attach a co letter should inclu a copy of any une	opy of your layoff or ude verification of your imployment benefit ot be considered unle	termination notice our last date of em determination. Ple	e from your employer, ployment and be on c ase also complete th order to attend school f	ompany let e grid on th	terhead. e back o	Please also attach f this form.
	Death of spouse Date of death Please attach a le	•	, place and cause o	of death, and complete	e the grid or	n the bad	ck of this form.
	Date of disability Please attach a co employment. Also	ppy of your disabilit	y claim and a note n your employer ve	from your doctor. Therifying your last date			
R P	•	ENDENT STUDEN					
	Divorce or Separa	ation (if it occurred	after filing the 202	25-2026 FAFSA)			

	Anticipated 2025 Income (1/1/2025 – 12/31/2025)	Father	Mother	Student	Spouse		
	/AGES, SALARIES, TIPS (including severance pay, disability ayments and any other income earned from work)						
in B	THER TAXABLE INCOME (including unemployment benefits, terest income, IRA deductions, Social Security benefits, etc.) e sure to use your 2023 or 2024 federal income tax return as a eference.						
С	HILD SUPPORT RECEIVED						
0	THER UNTAXED INCOME — Please list sources:						
В.	REQUIRED DOCUMENTS						
Please remember that you must submit all of the following information along with this form:							
2023 and 2024 IRS tax return transcript for you, your spouse, and your parents (for dependent students). To obtain an IRS tax return transcript, go to <a href="www.IRS.gov">www.IRS.gov</a> and select "Get Your Tax Record" or call 1-800-908-9946. Make sure to request the <a href="2023">2023 and 2024 IRS Tax Return Transcripts</a> and <a href="NOT">NOT</a> the IRS tax account transcript. It normally takes within 2-3 weeks for IRS income information to be available for electronic IRS tax return filers, and 6-8 weeks for paper IRS tax return filers. Or, you may submit signed copies of the 2023 and 2024 IRS Federal Income Tax return(s) and applicable schedules, for each person. If you did not file taxes, you need to order a <a href="IRS Verification of Non-Filing Letter">IRS Verification of Non-Filing Letter</a> for each person, for each year they did not file.							
	□ Copies of all of you and your spouse's and your parents' (for dependent students) 2023 and 2024 W-2 and/or 1099 forms.						

C. CERTIFICATION

I certify under penalty of perjury that the information provided on this form and attached is true and correct to the best of my knowledge.

□ Copy of required additional documentation for each section of this form that you completed.

website, www.holyfamily.edu/finaid/forms (choose 2025-2026).

Completed 2025-2026 Dependent or Independent Verification Worksheet, which can be printed from our

PARENT SIGNATURE:	 DATE:
- STUDENT SIGNATUDE:	DATE:

Return completed form and required documentation to the address or email address on the front/first page of this form. Contact us at the phone number or email address on the front of this form with any questions.