

2025-2026 Request for Review of Special Conditions (Dependent Students)

(Dependent: unmarried, undergraduate students under the age of 24 who are not veterans, not wards of the court, not orphans, and do not have dependents)

Use this form to request Student Financial Aid (SFA) to review significant changes in your parent's income and resources that occur during the 2024 or 2025 tax year. You must file the 2025-2026 Free Application for Federal Student Aid **BEFORE** you complete this form. You may submit this form at any time after you receive a valid 2025-2026 Student Aid Report, but this request must be submitted along with acceptable documentation no later than 60 days before your last date of attendance during 2025-2026 (Fall 2025, Spring 2026, Summer 2026). Common income reductions include change or loss of employment, one-time income or benefit, divorce, separation or death of a parent. **A recalculation in financial need does not guarantee that additional aid will be awarded. All required documents must be submitted at the same time. We will not accept partial or incomplete documents.** Final decisions will be posted on your UNA portal.

Student _____ L# _____ Phone# _____

Provide a written summary explaining the events indicated below and your current financial circumstance. Examples of special circumstances include, but are not limited to, the following:

- If you presently have no income, how are you meeting the basic necessities of life, i.e., housing, food, clothing, transportation, for your family? Provide an annual value for the benefits being provided to you.
- If your current income has been substantially reduced from the year before, how are you meeting the basic necessities of life, i.e., housing, food, clothing, transportation, for your family?
- Are you living with someone who is providing to you and your family the basic necessities of life? Explain and provide a value for the benefits being provided to you.
- Unusually large medical expenses NOT PAID BY MEDICAL INSURANCE. We will consider the amounts **YOU ACTUALLY PAID**, not the amount you owe to the doctor(s) and hospital(s).
- If someone in the household received a lump-sum settlement from a retirement account or inheritance and spent the money for the basic necessities of life, please explain. We may or may not make an adjustment to your eligibility for Federal Student Aid on the basis of the money you spent to sustain your lifestyle.
- Since completing the FAFSA your parents have separated, divorces, or one of your parents has died. Submit a copy of the divorce decree, death certificate, or a letter from their attorney indicating their separation status. Parents living in the same household are not considered separated.
- If you have suffered personal financial losses as a result of wind storms, fire, floods or other natural disasters that were not covered by insurance, please explain. Provide a copy of the insurance claim form or accident report.
- If one of your parents suffered an accident on the job that caused a substantial reduction in the household income, please explain and provide a copy of the accident report or employer statement detailing the period of their absence.

COMPLETE ONLY THE SECTIONS THAT APPLY:

1. Parent's income will be substantially less than income reported on FAFSA due to:
____job termination, lay-off, or change of employment. Attach employer's statement.
Effective date of job termination, job lay-off, or job change. _____

If currently employed, provide the start date of current employment and attach a written statement from employer or most recent pay stub: _____

___ illness. Attach medical statement(s)

Date of illness _____

___ other (explain) _____

2. Parents are separated or divorced or widowed since originally filing the FAFSA.

Date this occurred: _____

Which parent remains in the household: Name _____ Date of birth _____

Attach supporting documentation such as notice of legal separation or divorce decree or death certificate.

3. Loss of one-time benefit or income that was reported in 2023 (examples: inheritance, IRA distribution, Social Security Benefits, Child Support).

What type of benefit was terminated or reduced: _____

When did the benefit end or change: _____

Attach supporting documentation of the benefit received, identifying the source and amount of the benefit that was terminated or reduced.

Please Note:

We will not make adjustments or recalculations to Federal Student Aid on the basis of recurring costs such as utilities, credit card expenses, allowances to children, mortgage payments, vehicle payments, tuition for private school, medical costs you owe, and other lifestyle expenses which you choose.

Acceptable Documentation

a recent paycheck stub which includes 2024 or 2025 year-to-date earnings or
a recent statement from employer of 2024 or 2025 year-to-date earnings
a statement from agency (i.e., Social Security) of 2024 or 2025 benefits
a signed copy of 2024 U.S. Income Tax Return or Transcripts and W2s

Hand-written signatures must be provided.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Submit this worksheet and all other documentation to:

UNA Student Financial Aid, UNA Box 5014, Commons Building, Florence AL 35632,

by Email to financialaid@una.edu, or by fax to 256-765-4920.