

2024-2025 Special Circumstances Application

Student's Name: _____ Student's ID#: _____

Spouse's Name: _____ Parent(s) Name(s): _____

This form is used to request a reevaluation of the information on the Free Application for Federal Student Aid (FAFSA) due to special circumstances. Your application will not be processed until Del Mar College receives the FAFSA results and all required supporting documents along with this form. Failure to furnish all the required documentation will delay the review process and/or result in denial of your request.

**If Student Aid Index (SAI) = 0,
NO Special Circumstance Application will be accepted.**

Important Instructions:

- Indicate your special circumstance from the list on Pages 2 and 3.
Possible circumstances that can be reviewed:
 - Involuntary Loss of Income
 - Recently Divorced
 - Death of a Parent/Spouse One-time Income
- Attach the following documents:
 - **TYPED** letter detailing your circumstance(s)
 - Copy of student's and spouse's or parent's, if applicable, **2022 IRS Tax Return Transcript**
 - All required documentation requested by the Financial Aid Office.

**Please refer to the corresponding section for definitions and additional required documentation
Additional information may be required after initial review**

Important Note: The turnaround time can take up to 4-6 business weeks.

All applications are reviewed and processed in the date and order in which they were received at the Financial Aid Office. You will be notified when your application has been processed via your preferred student email on file. **Failure to submit required documentation will delay processing or cancellation of your request.**

Del Mar College
Financial Aid Services
Email: financialaid@delmar.edu
<http://www.delmar.edu>

Heritage (East) Campus:
Harvin Center – Rm 263
Phone: (361) 698-1293
Fax: (361) 698-2017

Winward (West) Campus:
Coleman Center – Rm 140
Phone: (361) 698-1726
Fax: (361) 698-2695

A. Involuntary Loss of Employment

Complete this section if you have experienced a reduction in income due to an involuntary loss of employment after a minimum of 10-12 weeks.

You are **required** to attach the following supporting documentation:

- Termination letter from previous employer on company letterhead
- If terminated, benefit statement from Work Force Commission detailing benefits or typed statement detailing why you did not apply or receive benefits
- Copy of last pay stub documenting year-to-date earnings in 2023 and/or 2024

When considering income reduction, the following family members must be reviewed. Family members include student, spouse and parent, if applicable.

Date student's income reduction occurred (MM/DD/YYYY): _____

Date spouse's income reduction occurred (MM/DD/YYYY): _____

Date parent's income reduction occurred (MM/DD/YYYY): _____

| 2023 Monthly Income | Student | Spouse | Parent 1 | Parent 2 |
|-------------------------------------|---------|--------|----------|----------|
| Wages from Work | | | | |
| Welfare Benefits | | | | |
| Veteran Benefits | | | | |
| Unemployment Benefits | | | | |
| Social Security Benefits | | | | |
| Child Support Benefits | | | | |
| Housing / Food Allowances | | | | |
| 401K | | | | |
| Other: _____ | | | | |
| Total Monthly Income in 2023 | | | | |

| 2024 Estimated Monthly Income | Student | Spouse | Parent 1 | Parent 2 |
|--|---------|--------|----------|----------|
| Wages from Work | | | | |
| Welfare Benefits | | | | |
| Veteran Benefits | | | | |
| Unemployment Benefits | | | | |
| Social Security Benefits | | | | |
| Child Support Benefits | | | | |
| Housing / Food Allowances | | | | |
| 401K | | | | |
| Other: _____ | | | | |
| Total Expected Monthly Income in 2024 | | | | |

B. Divorce

Complete this section if after submitting your 2024-2025 FAFSA, you (or your parent) recently divorced.

Date of Marriage (MM/DD/YYYY): _____ Date of Divorce (MM/DD/YYYY): _____

Attach the following:

- Copy of divorce decree
- Copy of 2022 Tax Return Transcript(s) with ALL W-2 and/or 1099 Forms to separate income.

C. Death of a Parent or Spouse

Complete this section if after submitting your 2024-2025 FAFSA, your parent or spouse recently passed away.

Date of Death (MM/DD/YYYY): _____

Attach the following:

- Copy of death certificate or death notice
- Copy of 2022 Tax Return Transcript(s) with ALL W-2 and/or 1099 Forms to separate income.

D. One-time Income

Complete this section if you received a one-time income in the 2022 Tax Year.

Important Note: Everyday living expenses will not be considered (ex: utility bill, car payments/gas payments, groceries, rent/mortgage, etc.), and winnings from gambling are not considered a special circumstance.

Attach the following:

- Documentation identifying the source of one-time income
- Documentation of how funds were spent (paid receipts)
- Documentation of amount of any remaining funds

E. Certification and Signatures

Each person signing below certifies that all the information reported is complete and correct. The student and spouse's, if applicable whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature (Required) _____ Date _____

Parent's Signature (Required) _____ Date _____