

2025-2026 Special Circumstances Application

Student's Name:	Student's ID#:
Spouse's Name:	Parent(s) Name(s):

This form is used to request a re-evaluation 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:
 - o **TYPED** letter detailing your circumstance(s)
 - o Copy of student's and spouse's or parent's, if applicable, 2023 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 weeks.

All applications are reviewed and processed in the date and order in which they were received 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 Campus: Harvin Center – Rm 263 Phone: (361) 698-1293 Fax: (361) 698-2017 Windward Campus: Coleman Center – Rm 140 Phone: (361) 698-1726 Fax: (361) 698-2695

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 2024 and/or 2025.

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):

2024 Monthly Income	Student	Spouse	Parent 1	Parent 2
Wages from Work	1.	1.	1.	1.
Welfare Benefits	2.	2.	2.	2.
Veteran Benefits	3.	3.	3.	3.
Unemployment Benefits	4.	4.	4.	4.
Social Security Benefits	5.	5.	5.	5.
Child Support Benefits	6.	6.	6.	6.
Housing / Food Allowances	7.	7.	7.	7.
401K	8.	8.	8.	8.
Other – Indicate Source Below:	9.	9.	9.	9.
Total Monthly Income in 2023	10.	10.	10.	10.

2025 Estimated Monthly Income	Student	Spouse	Parent 1	Parent 2
Wages from Work	1.	1.	1.	1.
Welfare Benefits	2.	2.	2.	2.
Veteran Benefits	3.	3.	3.	3.
Unemployment Benefits	4.	4.	4.	4.
Social Security Benefits	5.	5.	5.	5.
Child Support Benefits	6.	6.	6.	6.
Housing / Food Allowances	7.	7.	7.	7.
8. 401K	8.	8.	8.	8.
Other – Indicate Source Below:	9.	9.	9.	9.
Total Expected Monthly Income in 2025	10.	10.	10.	10.

	Divorce		
Complete this section if after submitting your 20	5-2026 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 2023 Tax Return Transcript(s) with ALL W-2 and/or1099 Forms to separate income. 		
Death of	a Parent or Spouse		
Complete this section if after submitting your 20	25-2026 FAFSA, your parent or spouse	e recently passed away.	
Date of Death (MM/DD/YYYY):	 Attach the following: Copy of death certificate or death notice Copy of 2023 Tax Return Transcript(s) with ALL W-2 and/or 1099 Forms to separate income. 		
One	time Income		
Important Note: Everyday living expenses will not be considered (ex: utility bill, car payments/g payments, groceries, rent/mortgage, etc.), and winnings from gambling are not considered a special circumstance.	Attach the following:	vere spent (paid receipts)	
Certificat	ion and Signatures		
Each person signing below certifies that all the inforeported is complete and correct. The student and supplicable whose information was reported on the I and date.	pouse's, if falseor mislea	WARNING: If you purposely give falseor misleading information, you may be fined, sent to prison, or both	
Student's Signature (Required)	Date		