



# Special Circumstances 2025-2026

## Student Information

Use BLACK or BLUE ink only

Student Name Student ID Student Phone Number

### Recommended deadlines for submitting this form as this process may take up to 6 weeks to process:

**November 15, 2025** – if Fall 2025 is your final semester at Boise State (if you are graduating or transferring)

**April 1, 2026** – if you will attend Spring 2026 at Boise State.

Please check with financial aid for Summer semester dates, as it is based on enrollment dates.

A Special Circumstances form can be submitted\* for students or parents that have a unique situation where the financial information listed on the FAFSA no longer reflects their current financial situation or their ability to pay for school. With corresponding documentation, the Boise State Financial Aid Office may be able to adjust your FAFSA information to reflect your current situation. Special Circumstances are considered on a case-by-case basis.

\*Submitting a Special Circumstance is optional. Therefore, students are responsible for any late fees they may incur throughout the process.

### Who experienced a reduction of income or other Special Circumstance? Check all that apply.

Student

Student's Spouse

Student's Parent(s)

### Complete the following steps 1 and 2 in all cases:

1. Complete this 2025-2026 Special Circumstances form completely – no blanks (use \$0 or NA if applicable)
2. Attach a signed, detailed statement of the circumstances leading to the request (who, why, when, how much, etc). Space is provided on page 4 of this Special Circumstances form for you to provide this information.

### Provide the following based on the situation:

The 25-26 FAFSA uses **2023** tax information – is the change in the financial situation reflected on the 2024 tax return?

- If **YES**, the individual(s) who experienced the change should provide:
  - A signed (pen or stylus), complete copy of the 2024 federal tax return (we do not need state returns)
  - Copies of all 2024 W2s for anyone on the 2024 tax return being reviewed
  - Any other applicable documents listed on page 2 of this form based on the situation
- If **NO**, the individual(s) who experienced the change and their spouse (if applicable) should provide:
  - Their most recent pay stubs with YTD information included, totaling at least 1 month of pay
  - Other, current income documents (unemployment benefits, retirement benefits, etc.)
  - If there is no current income, include in your statement any expected income and when it will begin
  - Any other applicable documents listed on page 2 of this form based on the situation
  - Page 3 of this form completed in full (remember – no blanks, use \$0 or NA if applicable)

### SIGNATURE CERTIFICATION – by signing below (handwritten or stylus signatures required – typed will not be accepted),

- I agree to provide further documentation to substantiate the information provided, if requested.
- I understand that all requests are reviewed on a case-by-case basis and my request may not result in an actual change in financial aid eligibility.
- All of the information on this form is true and complete to the best of my knowledge.

Student Signature

Date

Parent 1 Signature

Date

Spouse Signature

Date

Parent 2 Signature

Date

Deliver to: Boise State Financial Aid Office, Administration Building, Room 124, 1910 University Drive, Boise, ID 83725-1365

Email: [FinancialAid@BoiseState.edu](mailto:FinancialAid@BoiseState.edu) | Phone: (208) 426-1664

Note: Documents containing Social Security numbers may not be accepted via email. Please redact the number(s) or submit a different way.



Special Circumstances – Check all that apply\*

\*Reminder – Please provide all documents requested on page 1 and documents requested below

Income is or will be significantly less than what is reported on the FAFSA due to:

- Involuntary reduction in parent, student or spouse employment or unemployment** which will last at least 8 weeks
  - Layoff/Termination - Effective Date** \_\_\_\_\_
    - Provide documentation from employer of the last date of employment
    - Provide the last pay stub from the employer
    - Provide documentation or include in statement any severance paid/received
  - Business Closure** - Name of Business \_\_\_\_\_
    - Attach documentation of closure
  
- New employment with lower wages - Effective Date** \_\_\_\_\_
  - Provide documentation from prior employer of the last date of employment
  - Provide last pay stub from prior employer
  - Provide documentation from current employer of date your employment began
  
- Quit or reduced employment to attend school - Effective Date** \_\_\_\_\_
  - Provide documentation from prior employer of the last date of employment
  - Provide last pay stub from prior employer
  
- Separation from the military - Effective Date** \_\_\_\_\_
  - Attach a copy of DD214 with date of separation
  
- Loss of taxable income**
  - Please specify the type/source (i.e. unemployment benefits, alimony, etc.):** \_\_\_\_\_
    - Provide official documentation from an appropriate agency indicating the amount of **and** the date this funding ended
  
- Loss of untaxed income**
  - Please specify the type/source (i.e. child support, worker’s comp, etc.):** \_\_\_\_\_
    - Provide official documentation from an appropriate agency indicating the amount of **and** the date this funding ended
  
- Death of spouse or parent - Date of death** \_\_\_\_\_
  - Attach documentation for date (Ex: death certificate or obituary)
  - Additional verification documents will be required – please contact our office for additional information
  
- Divorce or legal separation - Date of divorce or legal separation** \_\_\_\_\_
  - Attach documentation of the date (Ex: divorce decree, court order, statement from attorney)
  - Documentation of expected child and or/spousal support payments, if any
  - Additional verification documents will be required – please contact our office for additional information
  
- One-time income (i.e. inheritance, moving expense allowance, lump sum retirement or IRA distribution.)**
  - Attach documentation that identifies the source and amount of income
  
- Other extenuating circumstance**
  - An appointment must be made with a financial aid counselor to discuss other situations.

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Tax and Income Information - Please complete if **NOT** using 2024 tax return (see page 1 of this form)

- Please provide an answer to each box. Boxes left blank will not be accepted; Use N/A or \$0 if necessary
- Report amounts in **each column** for the current situation of all individuals listed on the 2025-2026 FAFSA
- The amounts listed should be amounts for 2025 calendar year (even if expected or estimated) unless otherwise noted

Tax and income item expected values / estimates	Student	Spouse	Parent(s)
Will file a 1040 IRS form for 2025? (Yes or No)			
Will file a foreign tax return for 2025? (Yes or No)			
Expected 2025 tax filing status? (Married Filing Joint, Single, etc.)			
Untaxed portions of IRA distributions in 2025 (\$ amount)	\$	\$	\$
IRA rollover amount for 2025 (\$ amount)	\$	\$	\$
Untaxed portions of pensions in 2025 (\$ amount)	\$	\$	\$
Pension rollover amount for 2025 (\$ amount)	\$	\$	\$
Expected to receive Earned Income Tax Credit for 2025? (Yes or No)			
Deductible payments to IRA/KEOGH/Other for 2025 (\$ amount)	\$	\$	\$
Education credits for 2025 (\$ amount)	\$	\$	\$
Will file a Schedule A, B, D, E, F or H on form 1040 for 2025? (Yes or No)			
Schedule C income on form 1040 for 2025 (\$ amount)	\$	\$	\$
Grants, scholarships, or AmeriCorp benefits <b>reported as income</b> for 2025 (\$ amount)	\$	\$	\$
Foreign earned income exclusion for 2025 (\$ amount)	\$	\$	\$
For calendar year 2024, Child support received (\$ amount)	\$	\$	\$
<b>As of today</b> , what is your total balance of cash, savings, and checking accounts? Do not include amounts from student financial aid. (\$ amount)	\$	\$	\$
<b>As of today</b> , what is the net worth of your investments, including real estate? Do not include the home you live in or retirement accounts like a 401k. (\$ amount)	\$	\$	\$
<b>As of today</b> , what is the net worth of current businesses and/or investment farms (Net worth of the business or for-profit agricultural operations)? (\$ amount)	\$	\$	\$

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**Parent/ Spouse Federal Tax Information (FTI) Permission\***

By signing below, I authorize that my FTI may be discussed with the student for Special Circumstance purposes. I understand this allows Boise State Financial Aid representatives to discuss specifics with the student in order to provide guidance on their request.

\_\_\_\_\_  
Spouse PRINTED NAME                      Spouse Signature                      Date

\_\_\_\_\_  
Parent 1 PRINTED NAME                      Parent 1 Signature                      Date

\_\_\_\_\_  
Parent 2 PRINTED NAME                      Parent 2 Signature                      Date

*\*This is not a requirement to proceed with the Special Circumstance appeal process.*

**Supplemental Written Statement Explaining Circumstances Leading to this Request**

*Please use this space to provide a detailed statement explaining the circumstances leading to this request.*

[Empty box for supplemental written statement]

\_\_\_\_\_  
Signature of person providing this statement

\_\_\_\_\_  
Date

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