



UNION UNIVERSITY

Student Financial Aid

Email: finaid@uu.edu

Ph: 731-661-5015 / Fax: 731-661-5570

Student ID:

Last Name

First Name

Middle Init.

Special Circumstances 2026-2027 - STUDENT

You or your spouse have indicated that one or both of you may have special circumstances that could affect your ability to contribute to your education. Please indicate below the special circumstance you would like considered and provide the required documentation to our office. If you have question, please do not hesitate to contact us.

Please provide this signed form as a coversheet to your submission.

Loss or reduction of student/spouse income - Select this option if you/spouse income is now lower than what is reflected on the FAFSA

- Please provide:
- 1) A signed copy of your or spouse most recent tax return including Sch 1, 2, and 3 (if applicable)
 - 2) A copy of your or spouse most recent pay-stub, letter of separation, or unemployment statement
 - 3) A signed statement from you explaining the situation in detail, including dates and amounts
 - 4) Completed page 2 of this form

One-time income not typical - Select this option if your or spouse 2024 income is higher than what is typical for your family

- Please provide:
- 1) A signed copy of your or spouse most recent tax return, including Sch 1, 2, and 3 (if applicable)
 - 2) Documentation that supports the one-time income
 - 3) A signed statement from you explaining the situation in detail, including dates and amounts

Large out-of-pocket medical expenses - Select this option if you or spouse have had large medical expenses in the previous calendar year or the previous 12-months (expenses not covered by insurance or other third party)

- Please provide:
- 1) Copies of receipts, invoices, or Explanation of Benefits documenting expenses paid or responsibility of you or spouse
 - 2) A signed statement from you explaining the situation in detail, including dates and amounts

Out-of-pocket educational expenses - Select this option if you or spouse have out-of-pocket tuition costs for a child in the current 2025-2026 academic year (not covered by scholarship or some other resource)

- Please provide:
- 1) Copies of receipts, invoices, or documentation from institution on their letterhead explaining costs, with dates and who the costs are for
 - 2) A signed statement from you explaining the situation in detail, including dates and amounts

Other - please explain: _____

- Please provide:
- 1) Documentation supporting the situation stated above*
 - 2) A signed statement from you explaining the situation in detail, including dates and amounts

**Upon receipt and review of your submission, additional information or documentation may be required*

Certification and Acknowledgment

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____
(if applicable)



Recalculation of Contribution 2026-2027 - STUDENT

All questions must be answered- no blanks. Use gross income, not take-home or net.

Student/Spouse Income Information	August 2026 – July 2027 (Total Amount)
Wages, Salaries, Tips – Student	\$
Wages, Salaries, Tips – Spouse	\$
Unemployment Compensation	\$
Other Taxable Income	
Interest or Dividend income	\$
Business or Farm income or (loss)	\$
Capital gain or (loss)	\$
IRA or Pension Distributions	\$
Rental income, partnership income or royalties	\$
Foreign Income Exclusion	\$
Other:	\$
Untaxed Income and Benefits	
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans	\$
Tax exempt interest income	\$
Untaxed portions of IRA distributions	\$
Untaxed portions of pensions	\$
Income Exclusions	
FWS income (student or spouse - please indicate: _____)	\$
Any institutional grant and scholarship aid included in the AGI for you or spouse on the tax return (including AmeriCorp)	\$
American Opportunity or Lifetime Learning education tax credit claimed by you or spouse on the tax return	\$
Parental Assets	
Child support received by you or spouse	\$
Net worth of business	\$
Net worth of farm, including a family farm (exclude primary residence value)	\$

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Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____
(if applicable)