



Financial Aid Office - Mendocino College

Special Circumstance Review

Last Name	First Name	M.I.	Student ID
Address	City, State	Zip Code	Telephone

Please READ this form in its entirety, check all that apply, and submit the required documentation for that section.

Currently, your 2026-2027 FAFSA/Dream Act Application uses your household's 2024 income to determine your financial aid eligibility. The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application (FAFSA) or state Dream Act Application based on unusual circumstances within the household.

Submit this form by mail to 1000 Hensley Creek Rd., Ukiah, CA 95482 or by scanning and email them as an encrypted attachment to financialaid@mendocino.edu. For instruction on how to encrypt documents visit <https://www.mendocino.edu/student-services/financial-aid/financial-aid-forms>. Any emailed documents received that are not encrypted are sent at the student's own risk. If you have questions about this form, please call our office at (707) 468-3110.

Family Size	
If you and your parent's signature were required when you submitted your FAFSA, then list - The student. - The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family. - The student's siblings if the following are true: - They live with the student's parents (or live apart because of college enrollment), - They receive more than half of their support from the student's parents, and - They will continue to receive more than half their support from the students' parents during the award year. - Other persons if the following are true: - They live with the student's parents, - They receive more than half of their support from the student's parents, and - They will continue to receive more than half their support from the student's parents during the award year.	If only your signature was required when you submitted your FAFSA, then list: - The student - The student's spouse, if applicable. - The student's dependent children if the following are true: - They live with the student (or live apart because of college enrollment). - They receive more than half of their support from the student; and - They will continue to receive more than half their support from the students during the award year. - Other persons if the following are true: - They live with the students. - They receive more than half of their support from the student; and - They will continue to receive more than half their support from the student during the award year.

Continue: (attach another page if more space is needed)

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, the parent should **not** include any unborn children in the family size.

Full Name	Relationship to Student	Age
	<i>Self</i>	

Select the best option that describes your situation. Only select one box.

Loss or Reduction of Income, Untaxed Income or Benefits. Review which year has the significantly lower income to use. See options below, only select ONE option.

☐

If 2025 income was significantly less than 2024 income reported on the FAFSA or Dream Act application.

Please include:

1. A Statement of explanation regarding the loss/reduction of income, untaxed income or benefits. If available, indicate the reason for the reduction; indicate whether the household member is entitled to unemployment benefits or severance pay, and the amounts.
2. Signed 2025 Tax return and any schedules for student/spouse and parents (if applicable)
3. Complete the 2025 Other Income table below.

2025 OTHER INCOME: Enter “0” if none- Do Not Leave Blank	Student	Spouse	Parent (if dependent)	Other Parent (if dependent)
Child Support Received				

☐

If 2026 income will be significantly less than 2024 income reported on the FAFSA or Dream Act application. **If submitting this form before December 31, 2026 please submit:**

1. A statement of explanation regarding the loss/reduction of income, untaxed income or benefits. Include the current or prior employer’s name, address and phone number; the date when the income/benefits were reduced; if available, indicate the reason for the reduction; indicate whether the household member is entitled to unemployment benefits or severance pay, and the amounts.
2. Attach a copy of the most recent/final pay stubs for household member(s) incurring the reduction of income/benefits.
3. Complete the Estimated 2026 Year Income table below.

Estimated 2026 Income	Student Income		Spouse Income	
Enter “ 0” if none- Do Not Leave Blank	1/1/2026 to today	Tomorrow through 12/31/2026	1/1/2026 to today	Tomorrow through 12/31/2026
Earnings from Work (attach most recent pay stub)				
Unemployment Compensation				
Severance Pay				
Other (e.g.):				
<i>OTHER INCOME</i>				
Untaxed portions of IRA distributions				
Untaxed portions of pensions				
IRA deductions and payments				
Tax exempt interest income				
Educational Credits				
Foreign Income exempt from federal taxation				
Child Support Received				

Estimated 2026 Income	Parent Income (if dependent)		Other Parent Income (if dependent)	
Enter “ 0” if none- Do Not Leave Blank	1/1/2026 to today	Tomorrow through 12/31/2026	1/1/2026 to today	Tomorrow through 12/31/2026
Earnings from Work (attach most recent pay stub)				
Unemployment Compensation				
Severance Pay				
Other (e.g.):				
<i>OTHER INCOME</i>				
Untaxed portions of IRA distributions				
Untaxed portions of pensions				
IRA deductions and payments				
Tax exempt interest income				
Educational Credits				
Foreign Income exempt from federal taxation				
Child Support Received				

☐ **If 2026 income** will be significantly less than 2024 income reported on the FAFSA or Dream

Act application. If submitting this form after December 31, 2026 please submit:

1. A statement of explanation regarding the loss/reduction of income, untaxed income or benefits. Include the current or prior employer's name, address and phone number; the date when the income/benefits were reduced; if available, indicate the reason for the reduction; indicate whether the household member is entitled to unemployment benefits or severance pay, and the amounts.
2. Signed 2026 Tax return for student/spouse and parents (if applicable)
3. Complete the Other Income table below.

2026 UNTAXED INCOME: Enter "0" if none- Do Not Leave Blank	Student	Student Spouse	Parent (if dependent)	Other Spouse (if dependent)
Child Support Received				

☐ **If School Year Income (July 1, 2026- June 30, 2027)** will be significantly less than 2024 income reported on the FAFSA or Dream Act.

Please include:

1. A statement of explanation regarding the loss/reduction of income, untaxed income or benefits. Include the current or prior employer's name, address and phone number; the date when the income/benefits were reduced; if available, indicate the reason for the reduction; indicate whether the household member is entitled to unemployment benefits or severance pay, and the amounts.
2. Attach a copy of the most recent/final pay stubs for household member(s) incurring the reduction of income/benefits.
3. Complete the Estimated School Year Income table below.

Estimated School Year Income	Student's Income		Spouse's Income	
Enter "0" if none- Do Not Leave Blank	7/1/2026 to today	Tomorrow through 06/30/2027	7/1/2026 to today	Tomorrow through 6/30/2027
Earnings from Work (attach most recent pay stub)				
Unemployment Compensation				
Severance Pay				
Other (e.g.):				
OTHER INCOME				
Untaxed portions of IRA distributions				
Untaxed portions of pensions				
IRA deductions and payments				
Tax exempt interest income				
Educational Credits				

Foreign Income exempt from federal taxation				
Child Support Received				

Estimated School Year Income	Parent Income (if dependent)		Other Parent Income (if dependent)	
Enter “0” if none- Do Not Leave Blank	7/1/2026 to today	Tomorrow through 06/30/2027	7/1/2026 to today	Tomorrow through 6/30/2027
Earnings from Work (attach most recent pay stub)				
Unemployment Compensation				
Severance Pay				
Other (e.g.):				
<i>OTHER INCOME</i>				
Untaxed portions of IRA distributions				
Untaxed portions of pensions				
IRA deductions and payments				
Tax exempt interest income				
Educational Credits				
Foreign Income exempt from federal taxation				
Child Support Received				

Death of student’s spouse (if independent) or parent (if dependent)	
1. Attach a copy of the death certificate. ☐ 2. Attach a letter of explanation regarding any expected survivor benefits, including life insurance. 3. If joint return was filed, include documentation to show separate sources of income.	
Disclosure of one-time lump sum income	
1. Please select the appropriate reduction of income that applies to your situation from above. ☐ 2. Attach a letter of explanation regarding the type of income received, how income was spent, why income cannot be used for education expenses, and reason why income will not be received again. 3. Attach supporting documentation regarding the loss of one-time income (i.e. bank statements, paid receipts, etc.)	
Loss of child support	
☐ 1. Attach a letter of explanation regarding the loss of child support, including amounts and dates. 2. Attach a copy of court documentation confirming the loss of child support, including date of last payment.	
Divorce or separation (Either student’s divorce if independent or parent’s divorce if dependent)	
☐ 1. Attach a copy of the divorce decree or separation agreements. Attach a notarized statement indicating separation date if a separation agreement was not obtained. 2. Attach proof of income with most recent pay stubs and all 2024 tax year W-2’s for household members engaged in divorce/separation proceedings. 3. Attach a letter of explanation regarding all assets assigned as part of the divorce or separation and any settlements, including alimony and child support.	

Significant out-of-pocket medical/dental expenses

- ☐ 1. Attach a letter of explanation regarding the out-of-pocket expenses, including relevant amounts and dates.
- ☐ 2. Attach a copy of all receipts for amounts paid out-of-pocket. Bills and statements will NOT be accepted. Only proof of payment documentation will be considered.

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

OFFICE USE ONLY

NSLDS REVIEW	PAID AT OTHER SCHOOL	ORIG SAI
PJ FLAG	FSA PARTNER CONNECT:	NEW SAI
TRANSACTION # BEFORE CORR:		FAC26RR1

CORRECTION RECEIVED: CRI UPDATE: Pell LEU:

IVER SCREEN UPDATED

FILE COMPLETE DATE: APPLICATION COMPLETE DATE:
(PACKAGED)

REVIEW SAP

SAP UPDATE NEEDED

ALL CC
CLEARED

COMMENTS: