# Special Circumstances Form
# 2027-2028 Academic Year

**RETURN THIS FORM TO: Corban University Financial Aid Office**|5000 Deer Park Drive SE | Salem, OR 97317| Phone: 503.375.7006 |Fax: 503.585.4316|Email: financialaid@corban.edu

Federal regulations allow the Financial Aid Office to use professional judgment to make changes to the original information reported on the FAFSA, when a valid reason for the change exists. Some of the more common reasons are listed below. If you meet the criteria listed for consideration, mark the reason and give a brief explanation. If the reason is not listed below, please submit a written explanation with appropriate dollar amounts to the Financial Aid Office.

Please complete the appropriate income information on reverse side and return to the Corban University Office of Financial Aid. You must include specific dollar amounts when filling out this form.

*Student Name (printed):* _____

☐ **Student's (and/or spouse's) income will change significantly from the income listed on the FAFSA.** On the reverse side please list your best estimate of what your income will be between the twelve-month period of **July 1, 2027 through June 30, 2028**. Also, estimate the amount of federal income tax to be paid based upon that income.

☐ **Parents' income (for dependent students only) will change significantly from the income listed on the FAFSA.** On the reverse side please list your best estimate of what the parents' adjusted gross income will be during the twelve-month period of **July 1, 2027 through June 30, 2028.** Also, estimate the amount of federal income tax to be paid based upon that income.

☐ **A source of untaxed income listed on the FAFSA will not be available or will be significantly less for 2027-2028.** On reverse side, please list the source of untaxed income and the total amount to be received for the twelve-month period of **July 1, 2027 through June 30, 2028**.

**Complete the following:**

1) Please fill out the reverse side completely.
2) Give a written explanation for the change (please use the space provided below and attach an additional sheet, if necessary). Your Special Circumstances appeal cannot be processed without an explanation of your situation.

**ESTIMATED INCOME**

Please provide the following information (in gross amounts, estimates are acceptable) for the 2027-2028 academic year (July 1, 2027 through June 30, 2028). Please do not leave any line blank. If the amount is zero, please put a zero on the line item. **Please note that we may request additional documents.

| | **Student (and spouse, if married)** | **Parent(s)** |
|---|---|---|
| Earnings from work (student): | $_____ | $_____ (Parent 1) |
| Earnings from work (spouse) | $_____ | $_____ (Parent 2) |
| Other Taxable Income: Interest | $_____ | $_____ |
| Pensions | $_____ | $_____ |
| Unemployment | $_____ | $_____ |
| Taxable Social Security | $_____ | $_____ |
| Other | $_____ | $_____ |
| Other Untaxed Income: Child Support | $_____ | $_____ |
| Housing Allowance | $_____ | $_____ |
| IRA/Keogh payments | $_____ | $_____ |
| Other | $_____ | $_____ |
| **TOTAL** | $_____ | $_____ |

I/We certify that the information on this form is true, complete, and correct to the best of my/our knowledge. I/We understand that false statements or misrepresentations are cause for denial, reductions, withdrawal, and/or repayment of financial aid. I/We also understand that this information will be used in accordance with federal guidelines and may or may not result in an adjustment to the student's financial aid eligibility.

_____ _____ _____ _____
Student Signature Date Spouse Signature Date

_____ _____
Parent Signature Date

**OFFICE USE ONLY**

Financial Aid Approval: ___Approved ___Denied FAA Sign/Date_____

Questions? Call or email Corban University Office of Financial Aid
503-375-7006 or financialaid@corban.edu