

2025-2026 Request for Review of Special Circumstances

This form may be submitted if the information on your 2025-2026 FAFSA is no longer an accurate reflection of your current financial status due to an extenuating circumstance (e.g., divorce, loss of income, death of spouse/parent, medical expenses, etc.). Submission of this form does **NOT** guarantee an adjustment to your information will be made or that additional aid will be awarded. Aid adjustments are subject to program and funding restrictions. **A special circumstances request may take up to 6-8 weeks for processing.**

A: Student Information

Name (print) _____

USCB or VIP ID _____

Phone # _____

Email _____

B. Instructions and Required Documentation

Step 1: Submit any required verification items noted on your Self-Service Carolina Account located under the Financial Aid tab. Students selected for verification must have verification completed prior to the review of your special circumstances.

Step 2: Complete the form and submit the following items to the Financial Aid/VA office. Include your name and USCB or VIP ID on every document submitted.

- A **typed, signed and dated** detailed explanation of your special circumstances. Include important dates, employer or agency names and addresses.
- Signed** copies of the **2023 & 2024** federal tax return for student and spouse/parent(s); tax returns are required even if the IRS Data Retrieval Tool (DRT) was used. This is because the IRS DRT does not give the Financial Aid/VA Office all of the data elements needed to reassess tax values as a result of adjusting income.
- All tax schedules and attachments associated with the requested tax return(s) (1,2,3,C or K, if applicable).
- All **2023 & 2024** W-2s for student and spouse/parent(s).
- All required documentation indicated in **Section C** of this form pertaining to your circumstance. Additional information may be requested depending on your individual circumstance and will be communicated to you through your University email account.
- Complete **Section D** of this form pertaining to **estimated income** for the **2025** calendar year.

Step 3: Submit your Special Circumstances form with all required documentation to the Financial Aid/VA Office. **Your application will not be processed until this form is completed in its entirety and all required documentation has been received.**

Return this completed form with any required documentation to:

USCB Financial Aid/VA Office- 801 Carteret Street Beaufort, SC 29902 or fax to 843-521-3194 or email a PDF of all documentation to uscbfina@uscb.edu

Student Name _____

USCB/VIP ID _____

C: Indicate Circumstance

Effective Date

Circumstance	Person Affected	Effective Date	Required Supporting Documentation
<input type="checkbox"/> Separation or <input type="checkbox"/> Divorce	<input type="checkbox"/> Student <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Divorce: court documentation/decree • Separation: court documentation or 6 months of documentation to substantiate two separate households (PO Boxes are not acceptable)
<input type="checkbox"/> Death	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Copy of the death certificate or obituary
<input type="checkbox"/> Loss of Employment/ Reduction in Income	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Letter of Separation/termination from the previous employer on company letter head or submit the Employment Verification form • Copy of three most recent paycheck stubs • Submit proof of severance pay • Unemployment Benefits Determination Letter • Documentation of year-to-date earnings/benefits received
<input type="checkbox"/> Loss of Benefits (ex. child support, alimony)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Documentation of the termination of benefits, and • Documentation of year-to-date benefits received.
<input type="checkbox"/> One-Time Benefit or Payment	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Documentation of the one-time benefits, and • Statement explaining reason and how benefits were used. • Documentation of how funds were used.
<input type="checkbox"/> Extreme Medical/ Dental Expenses (include only paid expenses not covered by insurance)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • IRS Schedule A, and • Paid receipts/documentation of expenses paid out of pocket and not covered by insurance for 2021 or 2022 • Patient must be member of household
<input type="checkbox"/> Other circumstance not listed on this form *No consumer or personal debt	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> • Documentation of the "other" circumstance that demonstrates a significant impact to household income • You may be asked to provide additional documentation depending on circumstance.

Return this completed form with any required documentation to:

USCB Financial Aid/VA Office- 801 Carteret Street Beaufort, SC 29902 or fax to 843-521-3194 or email a PDF of all documentation to uscbfina@uscb.edu

Student Name _____

USCB/VIP ID _____

D: 2025 Estimated Income (Include Actual and Anticipated Income for the Entire 2025 Calendar Year **)**

➤ **Do Not leave any item blank.**

➤ If an amount is zero or does not apply, please enter \$0 or enter N/A.

2025 Earned Income	Student	Spouse	Parent #1	Parent #2
Estimated income from wages, tips, etc.	\$	\$	\$	\$
2025 Other Taxable Income	Student	Spouse	Parent #1	Parent #2
Interest or Dividend Income	\$	\$	\$	\$
Unemployment Income	\$	\$	\$	\$
IRA Distributions, pensions, and/or annuities	\$	\$	\$	\$
Alimony Received	\$	\$	\$	\$
Business and/or farm income or loss	\$	\$	\$	\$
Rental real estate, royalties, partnerships, S Corporations and trusts	\$	\$	\$	\$
Capital Gains or losses	\$	\$	\$	\$
Social Security Income/Benefits Received - TAXED	\$	\$	\$	\$
Other taxable income source: _____	\$	\$	\$	\$
2025 Untaxed Income	Student	Spouse	Parent #1	Parent #2
Payments to tax-deferred pension and savings plan	\$	\$	\$	\$
Deductible IRA and Keogh payments	\$	\$	\$	\$
Child Support Received . Do Not include foster care or adoption payments.	\$	\$	\$	\$
Tax exempt interest income	\$	\$	\$	\$
Untaxed portions of IRA distributions or pensions	\$	\$	\$	\$
Housing allowance for military or clergy	\$	\$	\$	\$
Veteran's Non-Educational Benefits (e.g., Disability, Death Pension, or Dependency Indemnity Compensation)	\$	\$	\$	\$
Money received or paid on your behalf (e.g., bills)	\$	\$	\$	\$
Other untaxed income source: _____	\$	\$	\$	\$
2025 Other Financial Information	Student	Spouse	Parent #1	Parent #2
Child Support Paid	\$	\$	\$	\$
Earnings from Federal Work-Study or need-based employment (fellowships/assistantships)	\$	\$	\$	\$
Combat pay or special combat pay that was included in your Adjusted Gross Income (AGI)	\$	\$	\$	\$

Return this completed form with any required documentation to:

USCB Financial Aid/VA Office- 801 Carteret Street Beaufort, SC 29902 or fax to 843-521-3194 or email a PDF of all documentation to uscbfina@uscb.edu

E. Student and Parent Certification

I/we certify that, as of the date the application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented. I/we understand that failure to provide documentation may result in a denial, and that an appeal does NOT guarantee an adjustment to the FAFSA data or that additional aid will be awarded. **Electronic or typed signatures are not acceptable.**

Student's Signature

Date

Spouse's Signature (if applicable)

Date

Parent's Signature (required, if dependent student)

Date

Parent's Signature (required, if dependent student)

Date

PLEASE INCLUDE ALL SUPPORTING DOCUMENTS WITH THE FORM

OFFICE USE ONLY

Form issued by: _____ Date issued _____

DETERMINATION
Date Reviewed: _____

Initials	Approved	Denied	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

