

State Technical College of Missouri
 Financial Aid Office
 One Technology Drive
 Linn, MO 65051

2026-2027 Special Circumstance/Income Reduction Request Form

Student Name

Social Security Number

(_____)_____
Phone: Home

Address

Phone: Work/Alternate

Parent Name (if student is dependent): _____

It is our wish to assist students and families who have encountered unusual circumstances not reflected on their FAFSA, which might affect financial aid eligibility. The 2026-27 FAFSA requires 2024 federal tax information. If your family's financial situation has changed since 2024, in certain cases we can make adjustments to reflect your family's current situation, rather than what was reported on your 2024 federal tax return.

Sometimes we find that the FAFSA form was completed incorrectly and therefore, the information you are asking to be adjusted is not correct. If it is determined that your FAFSA was not properly completed, NO adjustment will be considered until you have made the necessary corrections.

There are some things for which an adjustment cannot be made. For example, loan payments (car, boat, credit cards, etc.), mortgage payments, house or auto repairs, insurance premiums, and other routine expenses will not be considered for adjustment.

Please complete this form to request an adjustment to your FAFSA for the 2026-2027 academic year. You must complete at least one section from Part I, all of Part II and all of Part III. Attach a letter detailing the specifics of your request to help us understand your situation. **Please make sure that all statements are legible, signed and dated.** Please return the completed form and all documentation to the Financial Aid Office. You will be notified when a decision is made.

PART I: CONDITION OF CIRCUMSTANCE (Please complete one section)

SECTION A: Loss of employment of student/spouse/parents(s)

You must submit a copy of final pay stub and a letter from your most recent employer, on company letterhead, detailing your termination or layoff. A statement from the Unemployment Compensation office showing amount of unemployment benefits received or anticipated must be provided. If you have worked more than one job, pay stubs from each place of employment are required.

Date(s) of unemployment: From _____ To _____

SECTION B: Reduction in income from circumstances beyond your control

- ____ **1. Disability of spouse/parent(s).** Provide a physician's statement for disability explaining nature and duration of disability.
- ____ **2. Death of spouse/parent(s).** Provide a death certificate/obituary of deceased spouse/last surviving parent.

SECTION C: Divorce/ Separation

If there is a significant change in income because you and your spouse or your parents have divorced or separated, please provide the following documentation:

- ____ Personal letter of explanation
- ____ Copies of 2024 W-2's
- ____ Divorce Decree or Notarized Statement of Separation

Who is divorced or separated ____ Parent ____ Student Date of Divorce or separation: _____

If separated, provide utility bills or other acceptable mail from student and spouse or for each parent showing different mailing addresses.

Section D: Extra income earned in 2024 only

Please list amounts that you received in calendar year 2024 that you reported on your 2024 federal tax return that caused your Adjusted Gross Income to be higher than normal. Provide a signed copy of your 2024 and 2025 Federal Tax Returns to show more typical earnings. You must also explain the reason for receiving the additional income in 2024 in a separate letter.

____ 1. Severance Pay/Job Buyout, etc. \$ _____

____ 2. Retirement Plan Withdrawals \$ _____

Please state in letter reason for withdrawal

PART II: 2025 Income

Report all income actually received calendar year 2025. You must attach documentation of all income received and a signed copy of your 2025 Federal Tax Return.

This information is for: Student/Spouse _____ Parent 1/Parent 2 _____

Income for 2025	Actual 2025
Income earned from work by student or Parent 1	\$ _____
Income earned from work by spouse or Parent 2	\$ _____
Other taxable income (dividends, interest, pensions, alimony, annuities, unemployment compensation, capital gains, etc.)	\$ _____
Child Support Received	\$ _____
Other untaxed income (workers comp., disability, etc.)	\$ _____
Total Income	\$ _____

PART III: Certification

I/we declare under penalty of perjury that the information provided for this request is true and correct. If approved, I/we understand and agree the Financial Aid Office will make any necessary changes to my financial aid file on my and/or my parent's behalf.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Please allow a minimum of 2-3 weeks for the Financial Aid Office to review and reply to this request.