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**SANTA ANA COLLEGE FINANCIAL AID OFFICE**  
**2025-2026 SPECIAL CIRCUMSTANCES**

ALL OF THE FOLLOWING SPECIAL CIRCUMSTANCES WILL BE EVALUATED ON A CASE BY CASE BASIS UNDER **PROFESSIONAL JUDGEMENT GUIDELINES**. THE FINANCIAL AID OFFICE WILL EVALUATE YOUR REQUEST AND THE DOCUMENTATION YOU PROVIDE TO DETERMINE HOW THESE SPECIAL CIRCUMSTANCES MAY AFFECT YOUR ELIGIBILITY FOR FINANCIAL AID DURING THE 2025 - 2026 AWARD YEAR.

**INDICATE WHICH CIRCUMSTANCES APPLY TO YOU AND/OR YOUR FAMILY:**

- ☐ **Unusual medical or dental** expenses paid in the 2025/26 school year may reduce your Adjusted Gross Income reported on the FAFSA. This may include doctor visits, prescriptions, nursing care, home health care, prescribed treatments, etc...
1. Provide a written explanation of the nature of the unusual medical expenses (use attached form)
  2. Provide proof with a copy of 2023 1040 IRS tax return transcripts and the schedule for Itemized Deductions and provide receipts of unreimbursed medical bills paid between July 1, 2025 and June 30, 2026. Only expenses that were not paid by insurance or an agency can be considered. The medical protection allowance calculated in the need analysis cannot be considered.
- ☐ **Support of extended family members** that do not qualify as family members on the FAFSA may reduce your Adjusted Gross Income or increase your family size.
1. Provide a written explanation indicating the person(s) you support and the nature of their relationship to you, where they live, and how long you have been supporting that person.
  2. Provide proof of support, such as a copy of a 2025 tax return showing you claimed that person as a dependent or receipts of support in 2025.
- ☐ **Unusual debt** such as credit card debt to cover mortgage payments and other expenses while unemployed. The payments on this debt in 2025/26 school year may reduce your Adjusted Gross Income. Other unusual debt includes legal fees for divorce, adoption, bankruptcy, etc., expenses related to a failed business, educational loan payments, and personal debt payments for nondiscretionary expenses.
1. Provide a written explanation of the nature of the unusual debt (use attached form)
  2. Provide proof of expenses and payments made towards the debt from July 1, 2025 to June 30, 2026.
- ☐ **Income reduction** due to a change in employment or loss of employment, a disability or illness, divorce, death, loss of untaxed benefits, or the receipt of any non-recurring/one-time income in 2023 that you and/or your parent's (if you are dependent) will no longer receive. Income earned by a deceased parent may also be eliminated. To determine your financial aid eligibility, we need the following:
1. Provide a written explanation of the circumstances regarding the reduction in income on the back of this form.
  2. Provide your and your parent's (if dependent) signed 2023 tax returns, W-2s and all documentation of untaxed income received in 2023 (unless you already submitted them to the financial aid office or linked to the IRS on the FAFSA without changes).
  3. If available provide your and your parent's (if dependent) signed 2025 tax returns, W-2s and all documentation of untaxed income received in 2025. This is generally not available until February 2026.
  4. Provide documentation of current year taxed and untaxed income (last pay stubs, unemployment records, pay receipts, disability receipts, social security document, W-2s if already received, tax return transcript if filed, etc.
- ☐ **Private elementary and secondary school tuition** paid in the 2025/26 school year can reduce your Adjusted Gross Income by the tuition expense or your parents AGI if you are a dependent.  
Provide a receipt of tuition paid from July 1, 2025 to June 30, 2026. Include the name and age of the child.
- ☐ **Parent in College** - The parent of a student is not included in the number in college on the FAFSA. This can adversely affect the EFC. If you are a DEPENDENT student and your parent feels because of extenuating circumstances, that he/she should be included in the number in college, you need to provide the following information from your parent:
1. Have the parent provide a written explanation stating their educational goal, degree(s) earned, program enrolled in, program acceptance letter, estimated completion date and the explanation of **special circumstances** for requesting they be added to the number in college.
  2. Provide a copy of current academic transcript for the parent in college (unofficial).
- ☐ **Heroes Act** – Your family has suffered direct economic hardship as a direct result of war or other military operation or national emergency.
1. Provide a written explanation of the circumstances regarding the economic hardship. Provide documentation.

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| Return to:<br><br>Santa Ana College<br>Financial Aid Office, JSC-201<br>(714) 564-6242 | Financial Aid Applicant (Please print)<br><br><hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> Student ID: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> |
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## 2025-2026 SPECIAL CIRCUMSTANCE APPEAL

To request consideration of your special circumstances, complete this appeal form, provide a full explanation of the special circumstances, and attach appropriate documentation. Documentation such as W-2's, federal tax return transcript(s), and all support documents must be attached to complete the special circumstance appeal. Incomplete appeals will not be considered. Special circumstance appeals will be reviewed beginning September 1, 2025 for the 2025-2026 Academic Year.

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| <b>Explanation of Your Special Circumstances:</b>                                                                                                                                                                                                                                                                                                                                 |          |                                         |          |
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| <i>I (We) certify that the information provided is true and correct. I (We) understand that this information will be used to determine my eligibility for financial aid and that false or misleading information provided may be cause for termination of my financial aid, repayment of financial aid funds and/or further action taken by the U.S. Department of Education.</i> |          |                                         |          |
| Student signature                                                                                                                                                                                                                                                                                                                                                                 | Date     | Spouse signature (if applicable)        | Date     |
| Parent 1 signature                                                                                                                                                                                                                                                                                                                                                                | Date     | Parent 2 signature                      | Date     |
| <b>Office Use Only:</b> Meeting Date: _____ Documented by (Analyst): _____                                                                                                                                                                                                                                                                                                        |          |                                         |          |
| <b>Professional Judgment Appeal Decision:</b><br>Explain the outcome of the appeal and if approved indicate what adjustments have been made to data:                                                                                                                                                                                                                              |          |                                         |          |
| <input type="checkbox"/> <b>Approved:</b> _____                                                                                                                                                                                                                                                                                                                                   |          |                                         |          |
| <input type="checkbox"/> <b>Denied</b> _____                                                                                                                                                                                                                                                                                                                                      |          |                                         |          |
| Original EFC: _____ Transaction #: _____                                                                                                                                                                                                                                                                                                                                          |          | Revised EFC: _____ Transaction #: _____ |          |
| Original Income: Taxable                                                                                                                                                                                                                                                                                                                                                          | \$ _____ | Revised Income: Taxable                 | \$ _____ |
| Untaxed                                                                                                                                                                                                                                                                                                                                                                           | \$ _____ | Untaxed                                 | \$ _____ |
| Total                                                                                                                                                                                                                                                                                                                                                                             | \$ _____ | Total                                   | \$ _____ |

*It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: [financial\\_aid@sac.edu](mailto:financial_aid@sac.edu), 714-564-6242 for needed accommodations or alternate formats.*