ALBANY Technical College

Office of Financial Aid
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Special Circumstances
2026-27 School Year

Student Name: _____ Student ID: _____

Parent/Stepparent Name: _____

Spouse Name: _____ Student / Parent Phone Number: _____

The Office of Financial Aid understands that a family's ability to contribute toward 2025-26 academic expenses may change since the time of filing the Free Application for Federal Student Aid (FAFSA). This form will allow you to explain any circumstances that you feel may affect your ability to cover your educational costs.

Your Special Circumstance request cannot be reviewed until all required documentation has been received and you have completed the FAFSA. **Review and processing of this information will take approximately four weeks** from the date this completed form and all supporting documentation are received by our office. You will then be notified through your ATC campus email if we have any questions or issues processing your request. **During high volume times, our office is unable to process special circumstance requests. The blackout periods for 2026-2027 are:**

Fall Semester: August 3 – September 4
Spring Semester: January 4 – February 5

PLEASE NOTE: Students will be responsible for the cost of their tuition, fees, and books until the request has been fully reviewed and processed.

STEP ONE: Documentation – All students **MUST** submit the following documentation, regardless of their reason for filing this request. Failure to submit required documentation will delay processing. If you have already submitted these forms to our office, they do not need to be submitted again.

- Personal statement explaining circumstance
- Student 2025 IRS Tax Return Transcript & 2025 IRS Wage and Income Transcript; **OR** 2025 IRS Non-Filer Statement and 2025 IRS Wage & Income Transcript (if student did not file taxes)
- For Dependent Students:
  - Parent(s) 2025 IRS Tax Return Transcript & 2025 IRS Wage and Income Transcript; **OR** 2025 IRS Non-Filer Statement and 2025 IRS Wage & Income Transcript (if parent did not file taxes)
- For Independent Students:
  - (if married & filed separate) Spouse 2025 IRS Tax Return Transcript & 2025 IRS Wage and Income Transcript; **OR** 2025 IRS Non-Filer Statement and 2025 IRS Wage & Income Transcript

STEP TWO: Reasons for Filing – Check the box for circumstance(s) that apply to you and submit the additional documentation as indicated for that circumstance(s).

	Special Circumstance Type	Documentation Needed
☐	**LOSS OF EMPLOYMENT, REDUCED WAGES** Parent / student / spouse wages in 2025 or 2026 are receiving less pay in 2026 due to loss of job, change in employment, reduction in hours, or reduction in pay. ☐ Student ☐ Parent 1 ☐ Parent 2 ☐ Spouse *Note: Loss of employment will not be reviewed until 2 months have passed since last date of employment. Loss of overtime and bonuses will not be considered.*	• Last check stub(s) from previous employer. • Letter from previous employer stating last date of employment. • 2025/2026 Benefit letter from unemployment. • Severance information, if applicable. • 2025 IRS Tax Return Transcript , and 2025 Wage & Income transcript & tax return for student and spouse or parent(s) if dependent

	LOSS OF BENEFITS (Child support, unemployment, etc.) after the FAFSA was filed. Benefit lost:_____ Amount:$_____	• Letter from agency verifying date and amount of benefit(s) lost.
☐	**ONE-TIME INCOME** One-time nonrecurring income (such as inheritance, retirement, IRA distribution, etc) reported on the 2026-27 FAFSA that is no longer available. ☐ Parent 1 ☐ Parent 2 ☐ Spouse	• Provide documentation of one-time income. • Signed statement identifying the source of income and attach documentation so show funds were spent or invested. This will indicate that you no longer have access to these funds. • 2025 Signed 1040 Tax Return
☐	**UNUSUAL MEDICAL AND DENTAL EXPENSES** Eligible expenses are limited to medical and dental expenses paid and not reimbursed through insurance or employer-sponsored cafeteria plans. Expenses must be at least 7.5% of the Adjusted Gross Income (AGI) to meet the minimum threshold.	• Documentation of paid expenses not covered by insurance or another party. • Amount of dental/medical expenses paid out of pocket in 2023 (NOT paid by insurance) • Amount of dental/medical expenses paid out of pocket in 2025 (NOT paid by insurance)
☐	**OTHER UNUSUAL EXPENSES**	• Provide documentation of expense.

STEP THREE: Certification Statement

I certify that the information on this form is complete and correct to the best of my knowledge. If additional documentation is required, I will submit such documentation or my Special Circumstance Request will be denied. I also understand that if I give false or misleading information, I may be fined, jailed, or both. I also understand that this information will be used in accordance with Federal guidelines and may or may not result in adjustments to the student's financial aid eligibility.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

For Office use only

Date Submitted: _____ Review 1: _____

Final decision: _____ Review 2: _____ ☐ Approved ☐ Denied

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