



THOMAS MORE UNIVERSITY

2025-2026 Special Circumstance Application Reduction of Income Request

Student Name _____ ID# _____

Home Address: _____ Street _____ City _____ State _____ ZIP _____

A signed copy of your 2023 & 2024 Federal Tax Returns and all related schedules** must accompany this form.

SECTION A: REASON FOR SPECIAL CONDITION REQUEST (Check all that apply.)

For and Independent Student OR the Parent of a Dependent student

- Loss of Employment - This person must have been out of work for at least 10 consecutive weeks in 2024 or 2025. Documentation must be provided verifying that the person's employment status has changed AND the date the person became unemployed. You must also submit: 1. A copy of your "Notice of Final Determination" from the unemployment office. 2. Copies of the last pay stub received from all employers. 3. Documentation of Severance Pay, if applicable
Loss of Untaxed Income or Benefit - An immediate member of your family has lost some type of untaxed income or benefit (child support, etc.). Official documentation stating the date the untaxed income or benefit was terminated is required.
Divorce or Separation - Since filing the FAFSA, you/your parent has become divorced or separated. You must provide the following: 1. Date of separation or divorce (please circle one) 2. A written explanation of maintenance or support payments to be received or paid by the supporting spouse/parent in 2024 or 2025
Death of Parent or Spouse - Since filing the FAFSA, your spouse/parent has died. Please submit a copy of the Death Certificate.
One-time income - Examples: inheritance, moving expense allowance, back-year Social Security payments, IRA or pension distribution, overtime.

SECTION B: EXPLANATION OF INCOME REDUCTION (This section must be completed.)

Please explain your situation. Include all relevant information and documents. Be complete in your written explanation as it determines the processing of your reduction in income. If you need additional space, continue on a separate sheet of paper. Please print or type your remarks.

List the date the change in circumstance occurred: ___/___/_____

SECTION C: INCOME INFORMATION FOR 2024

The following sections require you to provide your 2024 income. Provide figures for the entire year; do not put hourly wage rates. Instead, compute what you earned for the entire 2024 year. Include all income received from January 1, 2024 until December 31, 2024. After completing the appropriate income section, sign this form, attach all supporting documentation, and submit the information to our office. If any information or documents are missing or incomplete, your reduction in income request will not be processed. **Documentation must be submitted for all amounts listed below.**

Do not leave this section blank. List the amount you received in 2024. If no income was received from the specific source listed, you must write "\$0."

Type of Income	Parent/Stepparent 2024 Income	Student/Spouse 2024 Income
Taxable Income		
Father's/Student's income from work	\$ _____	\$ _____
Mother's/Spouse's income from work	\$ _____	\$ _____
Taxable interest income	\$ _____	\$ _____
Taxable pensions/annuities	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Severance Pay (Please provide documentation)	\$ _____	\$ _____
Alimony/Spousal Support	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Untaxed Income		
Welfare Benefits or AFDC	\$ _____	\$ _____
Untaxed pensions/annuities – exclude rollovers	\$ _____	\$ _____
Worker's Compensation/Employer Disability	\$ _____	\$ _____
Child support received	\$ _____	\$ _____
IRA/KEOGH contributions	\$ _____	\$ _____
Untaxed interest income	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Household Information		
Number in household	_____	_____
Number in college (at least ½ time, excluding parents)	_____	_____

SECTION D: STATEMENT OF CERTIFICATION AND AUTHORIZATION

In addition to the applicant, all others whose data is included on this form must sign the appropriate line. Failure to provide the appropriate signatures will prevent processing of the form.

If any of the figures used on this form change, I/we accept the responsibility for contacting the Office of Financial Aid in writing with the corrected information.

Student's Signature Date Parent Signature – if student is dependent Date

Office Use Only

Original EFC _____	New EFC _____	
<input type="checkbox"/> Selected for Verification & Verified	Adjusted AGI _____	Other Adjustments: _____
Date Reviewed _____	Adjusted Tax Paid _____	_____
	2024 Untaxed Inc _____	_____
Counselor _____	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	