



Student/Applicant Name \_\_\_\_\_ Smith ID \_\_\_\_\_

If you have unusual circumstances, complete this form and submit it with specified documentation. Completion of this form does not guarantee an adjustment to the financial aid award and does not release an enrolled student from payment of a balance due on the student account.

**Check All Special Circumstances That Apply:**

Check	Circumstance:	Attach Required Documentation (note student name/id on each page).
<input type="checkbox"/>	<b>Loss of Employment or Earned Income</b>	<ul style="list-style-type: none"> <li>• Explanation of loss.</li> <li>• Complete Section A of this form.</li> <li>• Copy of the last pay stub from all employers.</li> <li>• Termination notice (occurred at least 12 weeks ago).</li> <li>• Severance statement (if receive severance).</li> <li>• Unemployment benefits statement (if applicable).</li> </ul>
<input type="checkbox"/>	<b>Loss of Untaxed Income or Benefits</b>	<ul style="list-style-type: none"> <li>• Explanation of loss.</li> <li>• Complete Section A of this form.</li> <li>• Notice of termination of child support.</li> <li>• Termination notice of: ex: disability benefits, social security, worker's compensation, etc.</li> <li>• List amount of Social Security benefits each member of household will receive in 2026.</li> </ul>
<input type="checkbox"/>	<b>One-Time / Non-Recurring Income</b>	<ul style="list-style-type: none"> <li>• Explanation: type, amount, &amp; how income was used. ex: IRA distribution, property sale, inheritance, Form 1099, etc.</li> </ul>
<input type="checkbox"/>	<b>Medical Expenses</b>	<ul style="list-style-type: none"> <li>• If itemize deductions, attach Schedule A from most recent tax year.</li> <li>• List (date, type, amount) of unusually high medical, dental, prescription expenses not covered by insurance/3rd party. Total amounts by calendar year: 2024, 2025, 2026 (as applicable).</li> </ul>
<input type="checkbox"/>	<b>Household Changes</b>	<ul style="list-style-type: none"> <li>• Complete Section B of this form</li> </ul>
<input type="checkbox"/>	<b>Divorce or separation</b>	<ul style="list-style-type: none"> <li>• Date of action; also divorce decree or rental agreement, utility bills, etc</li> </ul>
<input type="checkbox"/>	<b>Death of a parent</b>	<ul style="list-style-type: none"> <li>• List date of death; life insurance details; estate debts/funeral expenses</li> </ul>
<input type="checkbox"/>	<b>Other</b>	<ul style="list-style-type: none"> <li>• Describe circumstance and related financial impact.</li> </ul>

**Student/Applicant and Parent Certification:**

If parents are separated/divorced & each parent has unusual circumstances, submit a separate form for each household.

- I certify that the information provided on this form is accurate and complete as of this date.
- I understand that verification of this data may be requested at a later date and that the financial aid award may be adjusted based upon the verification process.

Review Request From:	email:
Student/Applicant Signature:	date:
Parent Signature:	date:

Enrolled Student Process: a) Begins after August 15, 2026, b) Forms received after December 15, 2026 are not guaranteed consideration for the 2026-2027 academic year, and c) Review decisions are sent directly to the student by letter or email.

Student Name (print) \_\_\_\_\_ Smith ID \_\_\_\_\_

## SECTION A: Estimated Income

Do not leave any item blank: Include \$0 if applicable.

Smith policy does not allow for 2026-2027 aid awards to be based on 2027 income (informational only).

☐ If you are able, please include your parent/s' 2025 tax return.

Taxable Income: Estimated/2025 Actual if Taxes Filed.	2025	2026	2027
Parent 1 Wages or Salary, check: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather	\$	\$	\$
Parent 2 Wages or Salary, check: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather	\$	\$	\$
Severance Pay/Vacation Payout \$ _____ amount included above in wage/salary	\$	\$	\$
Unemployment Compensation: \$ per week _____ x # of weeks _____	\$	\$	\$
Net Income/Loss from Business (from Schedule C or E p2 or Form 1120)	\$	\$	\$
Interest Income	\$	\$	\$
Dividend Income	\$	\$	\$
Net Rental Income/Loss (from Schedule E p1)	\$	\$	\$
Taxable Distribution – IRA/pension/annuity	\$	\$	\$
Alimony Received	\$	\$	\$
Other Taxable Income (ex: cap. gain, social security, etc): Describe A:	\$	\$	\$
Describe B:	\$	\$	\$

Untaxed Income: Estimated/Actual if 2025 complete.	2025	2026	2027
Retirement Contributions (ex: 401(k), 403b, SEP, IRA,etc)	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$
Child Support Received for student	\$	\$	\$
Child Support Received for all other children	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$
Untaxed Pension Distributions	\$	\$	\$
Housing Allowance	\$	\$	\$
Worker's Compensation	\$	\$	\$
Other Untaxed Income: Describe A:	\$	\$	\$
Describe B:	\$	\$	\$

## SECTION B: Household Changes

Complete if the number of household family members dependent upon parents for support or the number of children enrolled in private school or college has changed since the submission/completion of the CSS Profile.

Name of: Household family members	Age	School attending (if applicable)	Expected Family Contribution	Enrolled ½ time or greater? Yes/No
			\$	
			\$	
			\$	
			\$	