

Financial Aid

2025 – 2026 Special Circumstances – SAI Calculation/Income Reduction Request

Sometimes, the information and data provided on the FAFSA/CADAA does not accurately reflect a family's current financial circumstances. Situations that impact a student or family's ability to contribute to the cost of education may be reevaluated. Submit the Income Reduction Request for evaluation if, due to special circumstances, you and/or your spouse or parent(s) [for dependent students] have had financial changes that reduced your income in 2024 or will reduce your income in 2025.

A. Student's Information

| Last Name | First Name | M.I. | Student ID Number (10 Digits) |
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B. Special Circumstance

Please indicate to whom the special circumstance occurred: Self and/or Spouse Parent(s)/Step Parent

Include the Following:

- ☐ This form and a detailed signed statement(s) from the party whose income/circumstance has changed, explaining the special circumstances surrounding the reduction or loss in your and/or your spouse or parent(s) income, including date(s) of change or loss.
- ☐ 2024 signed IRS 1040 or IRS Tax Return Transcript including all Schedules 1, 2 & 3 and W-2s/1099s, if applicable for income changes reflected in 2024. After January 31, 2026, signed 2025 IRS 1040 or IRS Tax Return Transcript Tax Return including all Schedules 1, 2 & 3 and W-2s/1099s for income changes reflected in 2025.
- ☐ Documentation for the option(s) below that best fit your circumstances. If you are unable to provide specified documents, please provide a reasonable alternative.

Select all sections that apply to your Income Reduction Request

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| <p><u>Recent Loss of Income from Wages</u></p> <p>To document loss of employment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If laid off, letter of termination from employer and copy of final earnings statement (paystub) <input type="checkbox"/> Notice of unemployment insurance award from the Employment Development Department (EDD) <p>If you have reestablished employment or reduction of wages:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most current wage statement (paystub) from tax filer whose employment changed | <p><u>Loss of Self-Employment Income</u></p> <p>To document loss of employment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter explaining the reason for loss of income compared to the FAFSA/CADAA tax year. <p>To determine income to be excluded:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schedule C from the most recent IRS Tax Return, if filed, or statements of projected annual net business income. |
| <p><u>Divorce or Separation</u></p> <p>To determine wages to be excluded:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All W-2s/1099s from most recent tax return for both parties of dissolution [student/spouse or parents] <input type="checkbox"/> Divorce decree or legal separation statement <input type="checkbox"/> Proof of separate dwelling for both parties. This can be utility bills, rental leases, etc. | <p><u>Death of a Parent or Spouse</u></p> <p>To determine wages to be excluded:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All W-2s/1099s from most recent tax return for both parents or spouse <input type="checkbox"/> Copy of death certificate <input type="checkbox"/> Any additional income to be considered (life insurance, death benefits or pension plan) |
| <p><u>Loss of Child Support or Other Untaxed Income</u></p> <p>To determine support to be excluded:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Court/legal documentation verifying end date of support. <input type="checkbox"/> Documentation showing loss of other benefits or untaxed income | <p><u>One-Time Unexpected earnings/Early Withdrawal from Retirement/Pension/Annuity, etc.</u></p> <p>To determine support to be excluded:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1099-R for the FAFSA/CADAA tax year <input type="checkbox"/> Other _____ |

| Last Name | First Name | M.I. | Student ID Number (10 Digits) |
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NOTE: If selected for verification by the U.S. Department of Education, or the California Student Aid Commission, this request will be on hold status until you submit all required verification documentation and the verification process completed by our office.

We strongly recommend that this request be received by the Financial Aid Office no less than 2 weeks before your last day of class for the last term you are enrolled this academic year. Requests received on your last day of class or incomplete requests may not be reviewed. The law does not permit aid offices to process any requests submitted after your classes end for the term. Please note: your last day of class may be earlier than the posted end of term.

C. Certification and Signature

I/We certify that the information listed above is true and correct to the best of our knowledge. I also understand that we are responsible for notifying the Financial Aid Office of any changes to the reported circumstances and amounts of income. The decision of this request is valid at San Diego Mesa College only.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

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| Student/Spouse Signature | Date |
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|------------------------------|------|
| Parent/Step Parent Signature | Date |
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