**University of South Carolina Beaufort**
Financial Aid/Veterans Affairs Office
801 Carteret Street, Beaufort, SC 29902
Office: 843-521-3104 Fax: 843-521-3194
Email: uscbfina@uscb.edu

# 2026-2027 Request for Review of Special Circumstances

This form may be submitted if the information on your 2026-2027 FAFSA is no longer an accurate reflection of your current financial status due to an extenuating circumstance (e.g., divorce, loss of income, death of spouse/parent, medical expenses, etc.). Submission of this form does **NOT** guarantee an adjustment to your information will be made or that additional aid will be awarded. Aid adjustments are subject to program and funding restrictions. **A special circumstances request may take up to 6-8 weeks for processing.**

## A: Student Information

**Name (print)**_____ **USCB or VIP ID**_____

**Phone #**_____ **Email**_____

## B. Instructions and Required Documentation

**Step 1:** Submit any required verification items noted on your Self-Service Carolina Account located under the Financial Aid tab. Students selected for verification must have verification completed prior to the review of your special circumstances.

**Step 2:** Complete the form and submit the following items to the Financial Aid/VA office. Include your name and USCB or VIP ID on every document submitted.

☐ A **typed, signed and dated** detailed explanation of your special circumstances. Include important dates, employer or agency names and addresses.

☐ **Signed** copies of the **2024** & **2025** federal tax return for student and spouse/parent(s); tax returns are required even if the IRS Data Retrieval Tool (DRT) was used. This is because the IRS DRT does not give the Financial Aid/VA Office all of the data elements needed to reassess tax values as a result of adjusting income.

☐ All tax schedules and attachments associated with the requested tax return(s) (1,2,3,C or K, if applicable).

☐ All **2024** & **2025** W-2s for student and spouse/parent(s).

☐ All required documentation indicated in **Section C** of this form pertaining to your circumstance. Additional information may be requested depending on your individual circumstance and will be communicated to you through your University email account.

☐ Complete **Section D** of this form pertaining to **estimated income** for the **2026** calendar year.

**Step 3:** Submit your Special Circumstances form with all required documentation to the Financial Aid/VA Office. **Your application will not be processed until this form is completed in its entirety and all required documentation has been received.**

**Return this completed form with any required documentation to:**
*USCB Financial Aid/VA Office- 801 Carteret Street Beaufort, SC 29902 or fax to 843-521-3194 or email a PDF of all documentation to uscbfina@uscb.edu*

**Student Name**_____ **USCB/VIP ID** _____

**C: Indicate Circumstance**

| Circumstance | Person Affected | Effective Date | Required Supporting Documentation |
|---|---|---|---|
| ❑ Separation or<br>❑ Divorce | ❑ Student<br>❑ Parent | ___/___/___ | • Divorce: court documentation/decree<br>• Separation: court documentation or 6 months of documentation to substantiate two separate households (PO Boxes are not acceptable) |
| ❑ Death | ❑ Spouse<br>❑ Parent | ___/___/___ | • Copy of the death certificate or obituary |
| ❑ Loss of Employment/ Reduction in Income | ❑ Student<br>❑ Spouse<br>❑ Parent | ___/___/___ | • Letter of Separation/termination from the previous employer on company letter head or submit the Employment Verification form<br>• Copy of three most recent paycheck stubs<br>• Submit proof of severance pay<br>• Unemployment Benefits Determination Letter<br>• Documentation of year-to-date earnings/benefits received |
| ❑ Loss of Benefits (ex. child support, alimony) | ❑ Student<br>❑ Spouse<br>❑ Parent | ___/___/___ | • Documentation of the termination of benefits, **and**<br>• Documentation of year-to-date benefits received. |
| ❑ One-Time Benefit or Payment | ❑ Student<br>❑ Spouse<br>❑ Parent | ___/___/___ | • Documentation of the one-time benefits, **and**<br>• Statement explaining reason and how benefits were used.<br>• Documentation of how funds were used. |
| ❑ Extreme Medical/ Dental Expenses (include only paid expenses not covered by insurance) | ❑ Student<br>❑ Spouse<br>❑ Parent | ___/___/___ | • IRS Schedule A, **and**<br>• Paid receipts/documentation of expenses paid out of pocket and not covered by insurance for 2021 or 2022<br>• Patient must be member of household |
| ❑ Other circumstance not listed on this form<br>*No consumer or personal debt | ❑ Student<br>❑ Spouse<br>❑ Parent | ___/___/___ | • Documentation of the "other" circumstance that demonstrates a significant impact to household income<br>• You may be asked to provide additional documentation depending on circumstance. |

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**Student Name** _____ **USCB/VIP ID** _____

**D: 2026 Estimated Income (**Include Actual and Anticipated Income for the Entire 2026 Calendar Year **)**

- **Do Not** leave any item blank.
- If an amount is zero or does not apply, please enter $0 or enter N/A.

| **2026 Earned Income** | **Student** | **Spouse** | **Parent #1** | **Parent #2** |
|---|---|---|---|---|
| Estimated income from wages, tips, etc. | $ | $ | $ | $ |
| **2026 Other Taxable Income** | **Student** | **Spouse** | **Parent #1** | **Parent #2** |
| Interest or Dividend Income | $ | $ | $ | $ |
| Unemployment Income | $ | $ | $ | $ |
| IRA Distributions, pensions, and/or annuities | $ | $ | $ | $ |
| Alimony Received | $ | $ | $ | $ |
| Business and/or farm income or loss | $ | $ | $ | $ |
| Rental real estate, royalties, partnerships, S Corporations and trusts | $ | $ | $ | $ |
| Capital Gains or losses | $ | $ | $ | $ |
| Social Security Income/Benefits Received - TAXED | $ | $ | $ | $ |
| Other taxable income source:_____ | $ | $ | $ | $ |
| **2026 Untaxed Income** | **Student** | **Spouse** | **Parent #1** | **Parent #2** |
| Payments to tax-deferred pension and savings plan | $ | $ | $ | $ |
| Deductible IRA and Keogh payments | $ | $ | $ | $ |
| Child Support **Received**. **Do Not** include foster care or adoption payments. | $ | $ | $ | $ |
| Tax exempt interest income | $ | $ | $ | $ |
| Untaxed portions of IRA distributions or pensions | $ | $ | $ | $ |
| Housing allowance for military or clergy | $ | $ | $ | $ |
| Veteran's Non-Educational Benefits (e.g., Disability, Death Pension, or Dependency Indemnity Compensation | $ | $ | $ | $ |
| Money received or paid on your behalf (e.g., bills) | $ | $ | $ | $ |
| Other untaxed income source: _____ | $ | $ | $ | $ |
| **2026 Other Financial Information** | **Student** | **Spouse** | **Parent #1** | **Parent #2** |
| Child Support **Paid** | $ | $ | $ | $ |
| Earnings from Federal Work-Study or need-based employment (fellowships/assistantships) | $ | $ | $ | $ |
| Combat pay or special combat pay that was included in your Adjusted Gross Income (AGI) | $ | $ | $ | $ |

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## E. Student and Parent Certification

I/we certify that, as of the date the application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented. I/we understand that failure to provide documentation may result in a denial, and that an appeal does NOT guarantee an adjustment to the FAFSA data or that additional aid will be awarded. **Electronic or typed signatures are not acceptable.**

_____ _____
Student's Signature Date

_____ _____
Spouse's Signature (if applicable) Date

_____ _____
Parent's Signature (required, if dependent student) Date

_____ _____
Parent's Signature (required, if dependent student) Date

**PLEASE INCLUDE ALL SUPPORTING DOCUMENTS WITH THE FORM**

**OFFICE USE ONLY**

Form issued by:_____Date issued_____

DETERMINATION
Date Reviewed:_____

| Initials | Approved | Denied | Comments |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | _____ |
| | | | _____ |