



2026-2027 APPEAL FORM FOR SPECIAL CIRCUMSTANCES

Peralta Student ID: _____ Student Full Name: _____

All students requesting special circumstances consideration will be verified; tax transcripts and other documents pertaining to the circumstances are required. **Submitting an appeal for special circumstances does not guarantee an adjustment will be made to your aid package. Decisions are final and will be communicated directly to the student via e-mail.**

Section A- Explanation of Special Circumstances - You **must attach** a written statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your particular situation. Make sure to date and sign your written statement. If you are a dependent student, your parent must also date and sign the statement.

Section B -Special Circumstances for Consideration - Please review and indicate which special circumstance applies to you. Complete copies of documentation listed as **required (*)** must be submitted along with this form to review your request. Additional documentation that helps support your appeal, even if not listed as required, can be submitted as well. **List your name and Peralta ID number at the top of all submitted documents.**

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation
Loss of Employment	Student or parent(s)' income earned in 2025 or 2026 will be less than what was earned in 2024.	Your (and/or your spouse's) income earned in 2025 or 2026 will be less than what was earned in 2024.	* 2024 US Federal IRS Tax Transcript * W-2 Wage statements * Unemployment Award Letter * Last pay stub showing year-to-date earnings * Termination notice from employer
Other Loss of Income or Extraordinary Expenses • Alimony • Child Support • Retirement/Pension • Social Security (taxed) • Workers' Compensation • Medical/Dental	• You or your parent(s)' received benefits in 2024 which have ceased or been reduced in 2025 or 2026. • You or your parent(s)' paid expenses not covered by insurance and are over the expected cost of attendance.	• You (and/or your spouse) received benefits in 2024 which have ceased or been reduced in 2025 or 2026. • You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance.	* 2024 US Federal IRS Tax Transcript * W-2 Wage statements * Original 2024 Benefit statement listing total amount received * Revised 2025 or 2026 Benefit statement and/or court documents listing updated amount to receive and effective date and/or * Insurance coverage * All medical bills
Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA.	You and your spouse separated or divorced AFTER filing the FAFSA.	* 2024 US Federal IRS Tax Transcript * W-2 Wage statements * Divorce decree or separation agreement or proof of separate addresses
Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	* 2024 US Federal IRS Tax Transcript * W-2 Wage statements * Death certificate
One Time Payment Received	Your parents received a one-time lump sum payment of monies in 2024.	You (and your spouse) received a one-time lump sum payment of monies in 2024.	* W-2 Wage statements * 2024 US Federal IRS Tax Transcript * Documents detailing One Time Payment amount, source, reason

Section C- Income and Benefits for 2025: Please bring complete copies of your 2024 US Federal IRS Tax Transcript and W-2 statements.

OR

Section C- Projected Income and Benefits for 2026:

Please check the box to indicate if the projected income is for the calendar or academic year. Select option which would most benefit student.

CALENDAR YEAR
January 2026 through December 2026
ACADEMIC YEAR
August 2025 through July 2026

You are required to provide the received and/or expected income for all categories listed below. If no income is received and/or expected for a category, use "0" or "N/A" - **do not leave any blanks**. In addition to the required documentation listed on page 1, you must submit proof of all income figures provided below (e.g., for wages, supply a copy of your most recent pay stub).

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Student's Spouse
Wages, Tips, Salary				
Interest and/or Dividend Income				
Workers' Compensation				
Pensions and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits				
Child Support				
Alimony				
Welfare Benefits				
Other:				
TOTAL OF ALL INCOME:				

Section D- For students who selected the One Time Payment Received in 2024 option only - If your appeal is for a One Time Payment received in 2024, please enter the amount received below.

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Spouse
Amount of One Time Payment received in 2024				

Section E- Statement of Certification - By signing below, I certify all the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request may not ultimately result in actual change in financial aid.

Student Signature _____ Date _____ Parent Signature (if student is dependent) / Student's Spouse Signature (if applicable) _____ Date _____

Have you provided all the following?
☐ Written Detailed Statement of circumstances ☐ Tax Transcript(s), W-2(s) ☐ Copies of all required documentation as indicated on page 1
☐ Supporting Documentation for income sources listed on page 2 ☐ Appropriate Signatures, Student Name, and Peralta ID on ALL documents