



2026-27 Special Circumstance Information

Office of Student Financial Services - One University Ave - Bourbonnais, IL 60914
Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@olivet.edu

IMPORTANT! PLEASE READ! Enclosed you will find the 2026-27 Special Circumstance Form. Read through the entire form to determine which special circumstance you have experienced. **Please help us to help you!** Be organized and attach complete copies of all required documentation. This reevaluation will be based on the information you provide. Clearly identifying and documenting your special circumstance will greatly assist us in accurately reviewing your request in a timely manner. Additional information may be needed once your request has been received. Allow at least three weeks for processing after all documentation has been provided. Please understand that submission of a special circumstance form does not guarantee a favorable change in your financial aid eligibility. Each case will be evaluated on an individual basis.

WHAT YOU NEED TO DO:

1. File your 2026-27 Free Application for Federal Student Aid (FAFSA) before you submit the Special Circumstance Form. You can complete the FAFSA online at studentaid.gov/fafsa. (Olivet's School Code is 001741).
2. Do not submit a Special Circumstance Form if your Student Aid Index (SAI) is -1,500.
3. Read and complete the Special Circumstance Form.
4. Collect and organize your required supporting documentation.
5. Submit all forms and documents to:

Olivet Nazarene University
Office of Student Financial Services
One University Ave
Bourbonnais, IL 60914

WHAT OLIVET WILL DO:

1. Review forms and documents submitted to ensure everything needed for your reevaluation is complete.
 - Incomplete or unsigned forms will be returned to you which will cause a review delay.
 - You may receive a letter or email requesting additional documentation.
2. Verify your FAFSA based on information submitted on verification forms and tax return documents.
3. Review documentation based on your Special Circumstance Request, adjust your FAFSA, and submit to the CPS (Central Processing System) for a revised SAI.
 - A revised offer will be available to view in your Self-Service portal if your financial aid changes due to the Special Circumstance Request. You will receive an email when the revised offer is available to view. If you are a new student, the Office of Admissions may contact you regarding any changes to your offer due to the Special Circumstance Request.
 - A letter or email will be sent if there are no changes to your financial aid due to the Special Circumstance Request.



2026-27 Special Circumstance Form

Independent Student

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IMPORTANT! PLEASE READ! Federal Student Aid Regulations provide the potential for reevaluation if your financial circumstances change drastically from the information you provided on the 2026-27 Free Application for Federal Student Aid (FAFSA). When appropriate and sufficient documentation is provided, it may be possible to take these circumstances into account by adjusting your FAFSA. The process applies to federal aid eligibility only and is not an appeal for additional Olivet funds. Once you have completed all steps below, return this form along with the required supporting documentation to the Olivet Nazarene University Office of Student Financial Services. Please understand that submission of this form does not guarantee a favorable change in your financial aid eligibility. Each case will be evaluated on an individual basis.

STEP I: Student Information

ONU ID # or SSN _____ Date of Birth _____ Phone _____

Student Name _____
Last _____ First _____ M.I. _____

Student Address _____
Street (include apartment #) _____ City _____ State _____ ZIP Code _____

STEP II: Complete Verification of Your 2026-27 FAFSA

Verification of your 2026-27 FAFSA must be completed before a Special Circumstance Request can be considered. Please contact the Office of Student Financial Services for a list of documents required to complete your verification.

STEP III: Required Documentation for ALL Special Circumstance Requests

1. A **detailed letter** (preferably type-written) that explains your special circumstances, signed and dated.
2. A **SIGNED copy of the student and spouse (if married) 2024 IRS Tax Return(s)** **OR a copy of the student and spouse 2024 IRS Tax Return Transcript(s)**. IRS Tax Return Transcripts can be ordered for free online at www.irs.gov/Individuals/Get-Transcript, when prompted, choose “Tax Return Transcript” and “2024,” or you may call 1-800-908-9946 to request a copy to be mailed to you, when prompted, choose option “2” and enter “2024” for the tax year.

STEP IV: Reason for Filing a Special Circumstance Request (check one)

A. You or your spouse (if married) earned money in 2024 but lost a full-time job for at least ten (10) weeks and are still unemployed.

Required Supporting Documentation:

1. A statement on company letterhead from previous employer(s) you or your spouse worked for indicating employment separation and last day worked.
2. A signed copy of the student and spouse 2025 federal income tax return(s) including Schedules 1-3, A, and C.
3. A copy of the final paystub or a letter from the previous employer(s) indicating year-to-date gross taxable earnings.
4. A current statement of unemployment benefits which shows weekly pay (including dependent allowance) and maximum benefit.

B. You or your spouse (if married) expect to earn less money than you did in 2024 due to change of employment or reduced hours/wages.

Required Supporting Documentation:

1. A statement on company letterhead from employer(s) you or your spouse worked for indicating employment separation and last day worked or a statement from current employer(s) listing reduced wage amount and/or hours.
2. A signed copy of the student and spouse 2025 federal income tax return(s) including Schedules 1-3, A, and C.
3. A copy of the final and/or most recent pay stub(s) from each employer in 2024 for you and your spouse.
4. A current statement of unemployment benefits which shows weekly pay (including dependent allowance) and maximum benefit.

C. Since you applied for financial aid for 2026-27, you and your spouse have separated or divorced.

Required Supporting Documentation:

1. If you are separated, attach a statement indicating the date of separation; or
2. If you are now divorced, attach a copy of the divorce decree.
3. A copy of your most recent pay statement(s) from all current sources of income (pay stub, unemployment, Social Security, etc.).

D. Since you applied for financial aid for 2026-27, your spouse has died.

Required Supporting Documentation:

1. A copy of your spouse's death certificate.
2. A copy of your 2024 W-2 form(s).
3. A copy of your most recent pay statement(s) from all current sources of income (pay stub, unemployment, Social Security, etc.).

E. You or your spouse (if married) received some type of taxed or untaxed income or benefit for at least ten (10) weeks in 2024, but completely lost that income or benefit. (Income and benefits include such things as: Social Security benefits, court-ordered child support, retirement benefits or disability benefits. Don't include loss of veteran's educational benefits.)

Required Supporting Documentation:

1. A statement of termination from the source of income or benefit.
2. A signed copy of the student and spouse 2025 federal income tax return(s) including Schedules 1-3, A, and C.
3. A statement from the source of income or benefit indicating the dates you or your spouse received the income or benefit, and the estimated income or benefits received in 2024.

F. You or your spouse (if married) received a one-time income in 2024, such as Social Security, inheritance, IRA/pension distribution, etc.

Required Supporting Documentation:

1. A statement from the source of the one-time income indicating the amount.
2. A signed statement from you indicating the disposition of the funds.

G. You or your spouse (if married) paid (not owed) a large amount of medical and/or dental expenses not covered by insurance in 2024.

Required Supporting Documentation:

1. A copy of your 2024 Federal Income Tax Return Schedule A, if expenses were itemized: OR
2. An itemized list of medical expenses paid in 2024 AND copies of receipts indicating date of payment or canceled checks for each medical expense listed (Explanation of Benefits from your insurance company will not be considered as proof of payment).

H. You or your spouse (if married) paid private or parochial elementary and/or secondary (high school) tuition in 2024. (Calendar year)

Required Supporting Documentation:

1. A copy of paid receipts (**January – December 2024**) for private or parochial elementary and/or secondary tuition; OR
2. A statement from the education institution indicating tuition and fees paid (**January – December 2024**).

STEP V: Your Family's Anticipated Income

If you checked options A-E above this step **must** be completed. You can skip STEP V if you checked options F-H above.

Do NOT leave any lines blank if required to complete this section. Enter "0" if a line does not apply. Incomplete forms will be rejected.

Check here if filing this form before 7/1/2026. Estimate your income for all of 2026 below.

Check here if filing this form on or after 7/1/2026. Estimate your income from 7/1/2026 through 6/30/2027 below.

During the 12-month period checked above, how much will you and your spouse:	Student	Spouse
1. Earn from work (W-2 wages, tips, etc.)?	\$	\$
2. Earn from Self-Employment? (Enter estimated Net Profit or Loss.)	\$	\$
3. Receive in Unemployment Compensation?	\$	\$
4. Receive in Workers' Compensation/Disability?	\$	\$
5. Receive in Social Security Benefits?	\$	\$
6. Receive in Pension/IRA Benefits?	\$	\$
7. Receive in Child Support?	\$	\$
8. Receive in Other Untaxed Income such as Military/Clergy Allowance?	\$	\$
9. Contribute pre-tax to an IRA and/or Keogh?	\$	\$

STEP VI: Sign, Date, and Return to the Olivet Nazarene University Office of Student Financial Services

I certify that ALL of the information on this form is complete and correct:

Student Signature (Required) _____ Date _____

Spouse Signature (Optional) _____ Date _____
(Typed signatures will NOT be accepted.)

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. If we have reason to believe that the information on this form is not accurate, we may require additional documentation.